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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator <u>CONOCO INC</u>	
Address <u>PO Box 460 Hobbs NM</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lauren Unit</u>	Well No. <u>76</u>	Pool Name, Including Formation <u>Blinbry O. B Gas</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>33</u>	Township <u>20-S</u>	Range <u>38-E</u>	NMPM, <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>Midland, Texas</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Elmwood, NM</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>33</u>
	Twp. <u>20</u>	Rge. <u>38</u>
	Is gas actually connected? <u>yes</u>	
	When <u>8-14-79</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded <u>6-10-79</u>	Date Compl. Ready to Prod. <u>7-21-79</u>	Total Depth <u>6150</u>	F.B.T.D.					
Elevations (DE, RAB, RT, GR, etc.) <u>3503 GL</u>	Name of Producing Formation <u>Blinbry</u>	Top Oil/Gas Pay <u>5815</u>	Tubing Depth <u>6094</u>					
Perforations <u>5815-6080 w/1 JSPP</u>	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>1425</u>	<u>550, Tackled 150</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>6150</u>	<u>1693, circ 150</u>
	<u>2 3/8</u>	<u>6094</u>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-14-79</u>	Date of Test <u>8-13-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>31</u>	Water-Bbls. <u>57</u>	Gas-MCF <u>97</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate <u>Gravity 38.0</u>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bon A. Lee
(Signature)
Administrative Supervisor

(Title)
AUG 31 1979

MOOD (5), PPMFA(4), File

OIL CONSERVATION COMMISSION

APPROVED SEP 4 1979, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 3 1970

O.C.D., HOBBS, OFFICE

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 76 FIELD _____
 LOCATION Section 33, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
308	3/4	3.1827	3.1827
787	1 1/2	12.5498	15.7325
944	1 1/2	4.1134	19.8459
1004	1 1/4	1.3080	21.1539
1252	1 1/2	6.4976	27.6515
1420	1/2	1.4616	29.1131
1969	1	9.6075	38.7206
2447	3/4	6.2618	44.9824
2784	1 1/2	8.8294	53.8118
3205	1 1/4	9.1778	62.9896
3705	1 1/4	10.9000	73.8896
4167	1 1/4	10.0716	83.9612
4664	1 1/4	10.8346	94.7958
5187	3/4	6.8513	101.6471
5652	3/4	6.0915	107.7386
6074	3/4	5.5282	113.2668
6150	3/4	.9956	114.2624

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 26th day of June, 19 79

MY COMMISSION EXPIRES MARCH 1, 1980

Jerry L. Mayfield
 Notary Public in and for the County
 of Lea, State of New Mexico

SEAL