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TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND OFF OF OIL AND NATURAL GAS
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

JUN 13 9 18 AM '68

I. Operator Continental Oil Company
Address Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☒ Condensate ☐
Change In Ownership ☐ Other (Please explain) To change well name from Warren Unit ABC No. 11 effective 7-1-68

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Warren Unit</u>	Well No. <u>11</u>	Pool Name, Including Formation <u>Warren Drinkard</u>	Kind of Lease <u>Federal</u>	Lease No. <u>LC 063458</u>
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>20S</u> Range <u>38 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Hester Oil Transportation Co., Inc.</u>	Address (Give address to which approved copy of this form is to be sent.) <u>Box 3210, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent.) <u>Box 1135, Eunice, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>35</u> Twp. <u>20S</u> Rge. <u>38 E</u>	Is gas actually connected? <u>Yes</u> When _____

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

EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.

INTENTION TO MERGE
SKELLY OIL COMPANY
EFFECTIVE JANUARY 31, 1977

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. 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.

NMCCC-6-Att-Rev-2 Chw-Mid-2 Paulm-Hobbs-2
File

Robert Gault III
(Signature)

Administrative Section Chief
(Title)

June 10, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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.