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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE O. C. C.
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APR 27 10 58 AM '66

I.

Operator Continental Oil Company	
Address Box 460, Hobbs, New Mexico	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott B-15	Lease No. 2	Well No. Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Foreign Federal
Location			
Unit Letter I	1650	Feet From The South Line and 990	Feet From The East
Line of Section 15	Township 22-S	Range 37-E	N.M.P.M., Lea County

EFFECTIVE JANUARY 31, 1977,

SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 114, Luján, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When I 15 22 37E Yes 4-25-66

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-6-66	Date Compl. Ready to Prod. 4-11-66	Total Depth 7713		P.B.T.D. <input checked="" type="checkbox"/>		X	
Elevations (DF, RKB, RT, GR, etc.), 3362 3L	Name of Producing Formation Drinkard	Top of Gas Pay 5295		Tubing Depth 7350		2 3/8" @ 6343	
Perforations 6397, 6412, 6422, 6443, 6459, 6469, 6480, 6498 1/2" JEST						Depth Casing Shoe 7" @ 7498	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE Casing - No Change	CASING & TUBING SIZE 2 3/8		DEPTH SET 5343		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 4-22-66	Date of Test 4-25-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 23	Oil - Bbls. 3	Water - Bbls. 23	Gas - MCF 14

GAS WELL

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

SIGNED **HAY R. STEPHENS**

(Signature)

State Supervisor

(Title)

April 20, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY **Jack L. Lamp**

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