

NEW MEXICO OIL CONSERVATION COMMISSION
 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

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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator: **CONTINENTAL OIL COMPANY**

Address: **BOX 450 HOBBS, NEW MEXICO 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well: Change in Transporter of:

Recompletion: Oil: Dry Gas:

Change in Ownership: Casinghead Gas: Condensate:

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **LOCHART B-20** Well No.: **1** Pool Name, including Formation: **GRANDTAYLES-7 FMS** Kind of Lease: **FCO** Lease No.:

Location: **D** **CCO** Feet From The **NORTH** Line and **500** Feet From The **WEST**

Line of Section: **20** Township: **21** Range: **35** NMEM: **LOA** County:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: or Condensate: Address: (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas: or Dry Gas: Address: (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit: **20** Sec: **01** Twp: **35** Rge: **40** Is gas actually connected? **YES** When: **APPROX 09/01/71**

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reentry	Left Reentry
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

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____ Orig. Signed by
John Korman
 Geologist

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.

M E Yeakley
 (Signature)
ADMINISTRATIVE SUPERVISOR
 (Title)
JANUARY 11, 1972
 (Date)
NMOC(5), NMFU(4), USGS(2), FILE