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

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

I. Operator
Continental Oil Company
Address
Box 460 Hobbs, N. Mex. 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 *Lockhart A-27* Well No. *3* Pool Name, Including Formation *Warty Abo* Kind of Lease *Federal* Lease No. _____
Location
Unit Letter *E*; *1980* Feet From The *North* Line and *330* Feet From The *West*
Line of Section *27* Township *21S* Range *37E*, NMPM, *Ter* County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
T-M Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Skelly Oil Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1135, Eureka, N. Mex.
If well produces oil or liquids, give location of tanks. Unit *B* Sec. *27* Twp. *21-S* Rge. *37-E* Is gas actually connected? *Yes* When *1-17-69*

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	<i>2-18-69</i>							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<i>3932' DF</i>	<i>ABO</i>	<i>6770'</i>						
Perforations <i>7245'-7267'-7279'-7297'-with 15SPF</i>	Depth Casing Shoe							
<i>6770'-6790'-6809'-6850'-6885'-6920'-7055'-7070'-7171'</i>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<i>15</i>	<i>10 7/8</i>	<i>213</i>	<i>200</i>					
<i>9 7/8</i>	<i>7 7/8</i>	<i>2719</i>	<i>1362</i>					
<i>6 7/8</i>	<i>5 1/2</i>	<i>7865</i>	<i>506</i>					
	<i>2 1/2</i>	<i>7896</i>						

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 *2-18-69* Date of Test *2-17-69* Producing Method (Flow, pump, gas lift, etc.) *Flowing*
Length of Test *24 hrs.* Tubing Pressure *950* Casing Pressure *0* Choke Size *20/64*
Actual Prod. During Test Oil-Bbls. *135* Water-Bbls. *15* Gas-MCF *820*

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.
M. E. Yeakley
(Signature)
Admin. Section Chief
(Title)
2-18-69
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY *John W. Runyan*
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.

chew mid - 2 *att Rich*