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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL 1 / GAS 1

OPERATOR 1

PRORATION OFFICE

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

RECEIVED
NOV 5 1965
O. C. C.
ARTESIA, OFFICE

I. Operator

Continental Oil Company

Address

Box 460, Hobbs, N.M.

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Other (Please explain)

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ From Int'l. Pipeline Co.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
J. D. Caffield	1	Penn. Gas Pool	State, Federal or Fee Federal

Location

Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 21 , Township 16 Range 27 , NMPM, Eddy 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)
Permian Corporation	Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas ☑ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Southern Union	Carlsbad, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	21	16	27	Yes	12-18-52

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 Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-22-51	2-17-52	8,765	8,765

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Pennsylvanian	Pennsylvanian	-	8,765

Perforations	Depth Casing Shoe
8,680-87', 8,715-8,722' w/2 JSPF	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	No Change		

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

OIL WELL

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	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.

(Signature)

Area Superintendent
(Title)

Nov. 4, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 5 1965

BY M L Armstrong

TITLE OIL AND GAS INSPECTOR

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 Sections I, II, III, and VI only for changes of operator, well name or number, or transporter, or other such changes.

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