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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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

I. Operator Continental Oil Company
Address Box 460 Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/1/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of ownership give name and address of previous owner Wheat. Comp. also Leub & Burkard

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Lockhart A-17</u>	<u>4</u>	<u>Permian Skelly Grayburg</u>	State, (Federal) or Fee <u>LC 032096 a</u>	
Location: <u>Unit Letter 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>17</u> Township <u>21S</u> Range <u>37E</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>Box 3119 Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Skelly Oil Company</u>	<u>Box 114 Eunice, N. Mex</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>H 17 21S 37E</u> <u>no</u> <u>Waiting on connection</u>

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

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 <u>N/A</u>	Date Compl. Ready to Prod. <u>1-28-72</u>	Total Depth <u>6770'</u>	P.B.T.D. <u>6698'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3495' dk</u>	Name of Producing Formation <u>Tubb-Drinkard Permian Skelly</u>	Top Oil/Gas Pay <u>6490'</u>	Tubing Depth <u>Tubb-Drinkard @ 6490' - Permian Skelly - 3896'</u>					
Perforations <u>Tubb - 6220' - 6314'; Drinkard - 6611' - 6669'</u>	Depth Casing Shoe <u>6770'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>48 228'</u>	<u>250</u>	<u>Circ - 250 sacks</u>				
<u>12 1/2"</u>	<u>9 5/8"</u>	<u>40 2819'</u>	<u>150</u>	<u>900 sacks</u>				
<u>8 3/4"</u>	<u>7"</u>	<u>23 6769'</u>	<u>1650</u>	<u>650 sacks</u>				
<u>230' Tubb-Drinkard @ 6490'</u>								

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 <u>1-28-72</u>	Date of Test <u>2-8-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>—</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil - Bbls. <u>88</u>	Water - Bbls. <u>16</u>	Gas - MCF <u>107.5</u>

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. Yerles
(Signature)
Administrative Supervisor
(Title)
February 11, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 15 1972, 19
BY John W. Rungan
TITLE Geologist

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.

NMOCC-5 NMFu-4 File
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