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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

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

11 23 AM '65

I. Operator  
Continental Oil Company  
Address  
P. O. Box 460, Hobbs, New Mexico  
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	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
Hudson		1	Baish Wolfcamp	Federal
Location				
Unit Letter	M	770	Feet From The	South
Line of Section	15	Township	17S	Range
			32E	Lea
				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)	
Continental Pipe Line Company	No. Freeman Ave. Artesia, N.M.	
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)	
Continental Oil Co Malj. Gas Plt #60	Box 460, Hobbs, N.M.	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	M	15
		17S
		32E
		Yes
		9-29-65

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.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-24-65	9-29-65		9950					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Day		Tubing Depth			
Baish-Wolfcamp	Baish Wolfcamp		9874, 9878 W/1 JSPP		2 3/8 @ 9772			
Perforations			9732, 9736, 9761, 9769, 9798, 9803, 9808, 9822, 9836, 9841, 9846, 9857,		Depth Casing Shoe			
					7" @ 9950			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		890		665 sx Cl C Cmt			
12 1/4	9 5/8		4622		1769 sx Cl C Cmt			
8 3/4	7		9950		530 sx Cl C Cmt			
	2 3/8		9772					

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.)	
9-29-65	9-29-65	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	75	1050#	30/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
200	200	30	171.2

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.

Hal R. Stephens  
(Signature)  
Staff Supervisor  
(Title)  
10-4-65  
(Date)

NMOCC-5, Hudson & Hudson 3 LPT

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.