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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

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)
**Request approval to temporary
comingle oil from Drinkard State
GG-30 No. 3 into oil from Abo State
GG 30 # 1 & 2 for 90 Days**
If change of ownership give name
and address of previous owner
XXXXXXXXXXXX

II. DESCRIPTION OF WELL AND LEASE

Lease Name State GG 30	Well No. 3	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee State
Location Unit Letter N , 660 Feet From The South Line and 1650 Feet From The West Line of Section 30 , Township 18S , Range 37E , NMPM, 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"/> Tex-New Mex Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, N.M.					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 30	Twp. 18	Rge. 37	Is gas actually connected? Yes	When 1-3-65

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-24-64	Date Compl. Ready to Prod. 12-24-64		Total Depth 7600 LM		P.B.T.D.			
Pool Drinkard	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6982		Tubing Depth 6982			
Perforations Drinkard 6982, 6990, 6993, 6998, 7001, 7006, 7019, 7057 7062, 7064, 7067, 7077, 7080, 7111, 7119, 7123, 7159, 7166, 7182,					Depth Casing Shoe 5 1/2" @ 7600'			
TUBING, CASING, AND CEMENTING RECORD 7184, W/1JSPF								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		360'		250 sx Cl "A"			
10 5/8"	8 5/8"		3180'		200 sx cmt. W/2% gel			
7 7/8"	5 1/2"		7600'		5000 sx cmt 4% gel			
	2 7/8"				100 sx neat			

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 1-23-65	Date of Test 1-3-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 11 hrs	Tubing Pressure 460#	Casing Pressure Pkr	Choke Size 20/64
Actual Prod. During Test 1-3-65	Oil-Bbls. 109	Water-Bbls. 0	Gas-MCF 170

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.

SIGNED: **ROBERT GAULT III**

(Signature)

Staff Supervisor

(Title)

1-5-64

(Date)

NYOCC-5. JM SLO

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 Sections I, II, III, and VI only 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 a multiply completed wells.