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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

JUN 24 9 49 AM '69

Operator <i>Continental Oil Company</i>	
Address <i>Box 460, Hobbs, New Mexico 88240</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<i>Request temporary permission to commingle Wasty Abo production with other production on the Lockhart A-27 lease.</i>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <i>Lockhart A-27</i>	Well No. <i>2</i>	Kind of Lease <i>Federal</i> State, Federal or Fee
Pool Name, including Formation <i>Wasty Abo</i>		
Location		
Unit Letter <i>F</i>	<i>1980</i> Feet From The <i>North</i> Line and <i>1980</i> Feet From The <i>West</i>	
Line of Section <i>27</i>	Township <i>21-S</i>	Range <i>37-E</i>
NMPM, <i>Lea County N. Mex.</i> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		<i>P.O. Box 1510, Midland, Texas</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		<i>P.O. Box 1135, Eunice, New Mexico</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>B</i>	Sec. <i>27</i>	Twp. <i>21-S</i>
	Rge. <i>37-E</i>	Is gas actually connected? <i>Yes</i>	
		When EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.	

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Designate Type of Completion - (X)		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod. <i>6-12-69</i>	Total Depth <i>7541'</i>		P.B.T.D. <i>PB 7350'</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>3417 DF</i>	Name of Producing Formation <i>Wasty Abo</i>	Top Oil/Gas Pay <i>6868'</i>		Tubing Depth <i>7230'</i>					
Perforations <i>6868', 6890', 6907', 6918', 6950', 6973', 7016', 7048', 7091', 7232', 7235', 7242', 7253', 7265', w/115SPF.</i>		Depth Casing Shoe <i>7540'</i>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<i>17 1/2</i>	<i>12 3/4 2 3/8</i>		<i>226' 7230'</i>		<i>200</i>				
<i>12 1/4</i>	<i>9 5/8</i>		<i>2425'</i>		<i>500</i>				
<i>8 3/4</i>	<i>7</i>		<i>6572'</i>		<i>500</i>				
<i>6 1/4</i>	<i>5</i>		<i>6445-7540'</i>		<i>140</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 <i>6-12-69</i>	Date of Test <i>6-16-69</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hrs.</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>22</i>	Water - Bbls. <i>2</i>	Gas - MCF <i>78</i>

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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.

W. E. Yeakley
(Signature)
Adm. Sec. Chief
(Title)
June 17, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY *Joe A. Thomas*
TITLE *Secretary*

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.