

CONTINENTAL OIL COMPANY

OCT 1 7 02 PM '65
Hobbs, New Mexico
October 1, 1965

New Mexico Oil Conservation Commission
Post Office Box 2088
Santa Fe, New Mexico

Attention of Mr. A. L. Porter, Jr., Secretary-Director

Gentlemen:

Re: Continental Oil Company Application for a Non-Standard Gas Proration Unit for its Lockhart A-27 Well No. 5 in Section 27, T-21S, R-37E, NMPM, Blinebry Gas Pool, Lea County, New Mexico

Continental Oil Company respectfully requests administrative approval under the provisions of Rule 5 (C) of the Special Rules and Regulations for the Blinebry Gas Pool of Order No. R-1670 for the formation of a non-standard gas proration unit consisting of the N/2 NE/4 and SW/4 NE/4 of Section 27, T-21S, R-37E, for its Lockhart A-27 No. 5 well located 660 feet from the north line and 660 feet from the east line of Section 27, T-21S, R-37E, Lea County, New Mexico, in the Blinebry Gas Pool.

In support of this request, we should like to point out that the proposed unit conforms with the requirements of said Rule 5 (C) in all respects as follows:

1. Said proposed non-standard gas proration unit consists of contiguous quarter-quarter sections.
2. Said proposed non-standard gas proration unit lies wholly within a single governmental quarter section.
3. The entire proposed non-standard gas proration unit may be reasonably presumed to be productive of gas.
4. The length or width of said unit does not exceed 2,640 feet.
5. Copies of this application have been furnished this date by certified mail to all operators in the same quarter-section and all operators within 1,500 feet of said well, as required by the provisions of said Rule 5 (C).

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A plat is attached hereto showing to the best of our knowledge and belief the proposed unit, the location of the No. 5 well and other wells on the lease, offset wells and ownership thereof.

The granting of this application is in the interest of preventing waste and the protection of correlative rights.

In view of the facts set out herein, it is respectfully requested that the Commission enter an order approving the non-standard gas proration unit for Continental Oil Company's Lockhart A-27 No. 5 well as described above.



G. C. JAMIESON
Assistant District Manager
of Production
Hobbs District

GCJ-DFW

Copies by Certified Mail:

Tidewater Oil Company, P. O. Box 547, Hobbs, New Mexico
Shell Oil Company, P. O. Box 1509, Midland, Texas

cc: NMOCC-Hobbs(2) GW JWK

No. 077177

RECEIPT FOR CERTIFIED MAIL—20¢

SENT TO Tidewater Oil Company		POSTMARK OR DATE 10-1-65
STREET AND NO. Box 547		
CITY, STATE, AND ZIP CODE Hobbs, New Mexico		
If you want a return receipt, check which <input type="checkbox"/> 10¢ shows to whom and when delivered <input type="checkbox"/> 35¢ shows to whom, when, and address where delivered <input type="checkbox"/> 50¢ fee		
FEE ADDITIONAL TO 20¢ FEE		
FD-36 (Rev. 3-20-60) NO INSURANCE COVERAGE PROVIDED— (See other side) July 1953 NOT FOR INTERNATIONAL MAIL		

No. 077176

RECEIPT FOR CERTIFIED MAIL—20¢

SENT TO Shell Oil Company		POSTMARK OR DATE 10-1-65
STREET AND NO. Box 1509		
CITY, STATE, AND ZIP CODE Midland, Texas		
If you want a return receipt, check which <input type="checkbox"/> 10¢ shows to whom and when delivered <input type="checkbox"/> 35¢ shows to whom, when, and address where delivered <input type="checkbox"/> 50¢ fee		
FEE ADDITIONAL TO 20¢ FEE		
FD-36 (Rev. 3-20-60) NO INSURANCE COVERAGE PROVIDED— (See other side) July 1953 NOT FOR INTERNATIONAL MAIL		

RECEIVED
NOV 1 1965
No. 077177
No. 077176
MAIL

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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)
Dist. Production commingled with oil production

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lockhart A-27	Well No. 5	Pool Name, Including Formation Blinebry Distillate	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 27 , Township 21S Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas-New Mexico Pipe Line Company	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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, Ndw Mexico					
If well produces oil or liquids, give location of tanks.	Unit 3	Sec. 27	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When 10-13-55

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-265**

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.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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.)	
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.

SIGNED: ROBERT GAULT III

Staff Supervisor

7-1-65

NMOCC (5) SW FILE ATL-ROS (2)
CALIF. MID. (2) PAN AM-HOBS (3)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Joe O. Ramey*
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 multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032096-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Lockhart A-27

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Drinkard-Blinebry

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

27-21-37

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 660' FNL & 660' FEL Sec. 27-T-21S, R-37E,
Lea County, New Mexico.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3400 GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☒
☒
☐

PULL OR ALTER CASING

☐
☐
☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

There will be a change from the Blinebry Gas to the Blinebry Oil Zone. It is proposed to squeeze and reperf the Drinkard Oil Zone, squeeze the Blinebry gas and reperf in the Blinebry oil zone, as follows:

1. Squeeze Drinkard and Blinebry perforations with cement.
2. Drill out cement to 6505'
3. Perforate Upper Drinkard with 1 shot per ft. at approx. 6405, 6422, 6432, 6455, 6467, 6474, & 6493. (Exact depth to be picked from new log).
4. Frac with 2,000 gals acid with 1/2 of 1% of HC2, 30,000 gals lease crude, 30,000# sand and 1,500# ADOMITE Additives down 3 1/2" tubing.
5. Recover load oil and potential Drinkard.
6. Set Model D. Packer @ approx. 6350'.
7. Perforate Blinebry with one shot per foot at approx. 5690, 5696, 5773, 5786, 5809, 5850, 5873 and 5882.
8. Frac with 1,000 gals acid with 1/2 of 1% HC2, 30,000 gals lease crude 30,000 pounds of sand and 1,500 lbs. "ADOMITE" Additives down 3 1/2" tubing.
9. Recover load oil and potential Blinebry.
10. Run dual completion equipment and place on production.

18. I hereby certify that the foregoing is true and correct

SIGNED: ROBERT GAULT III

SIGNED

TITLE Staff Supervisor

DATE 12-23-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS-5 NMOCC-2 ATL ROS -2 PAN AM HOBBS 3, CALIF HOUS & MID.

*See Instructions on Reverse Side

