

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

1a. TYPE OF WORK

DRILL ☐DEEPEN ☒PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☒

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☒

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

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

At surface

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

10. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL

20. ROTARY OR CABLE TOOLS

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

22. APPROX. DATE WORK WILL START*

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

No change

It is proposed to abandon the Drinkard zone, deepen and test the Abo zone, maintain the Blinney and Tubb zones and triple complete by the following procedures: Drill and triple complete by the following procedures: Drill out to new TD of 7350' (739'). Set 4 1/2"; 11.60# liner from 6400' to 7350'. Cement w/125 sacks Class H cement. Perf selected Abo intervals and treat w/acid. Perf Blinney 5800'-5850'. Treat perms w/1500 gals 15% HCL-NE acid and 20,000 gals treated prod water w/40000# 20/40 sand.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE

DATE

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

11555-C NIMF11-LL File

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PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

Jan 23 9 30 AM '64

~~RECOMPLETION~~
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

1-16-64
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company Lockhart B-35, Well No. **1**, in. SW $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

G, Sec. **35**, T. **21S**, R. **37E**, NMPM., **Blinebry** Pool

Unit Letter

Lea

County. Date Spudded **W.O. 12-30-63** Date Drilling Completed **W.O. 1-9-64**

Elevation **3372 DF** Total Depth **6611** PBTD **-**

Top Oil/Gas Pay **5702** Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL - **5702, 5706, 5712, 5715, 5719, 5723, 5727,**

Perforations **5730, 5738, 5742, 5747 w/1 JSFP**

Open Hole _____ Depth Casing Shoe **6549** Depth Tubing **5754**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **70** bbls. oil, **3** bbls water in **8** hrs, **30** min. Choke Size **18/64**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Frased w/20,000 gal crude & 20,000# Sd. & 1000# ADMITE ADDITIVES**

Casing Press. **PKR** Tubing Press. **225** Date first new oil run to tanks **1-9-64**

Oil Transporter **Texas-New Mexico Pipe Line Co.**

Gas Transporter **Skelly Oil Company (Casinghead gas)**

1980' FNL & 1980' FEL
(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

13-3/8	190	175
9-5/8	2420	425
7	6549	500
2-1/16	5754	

Remarks:

This well is a Blinebry oil, Drinkard oil, and Tubb gas completion.
This C-104 is for the Blinebry Zone.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

Continental Oil Company
(Company or Operator)

By: _____
(Signature)

Title: **Supervising Engineer**

Send Communications regarding well to:
J. W. Wolfe, Jr.

Name: _____
Box 460, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

Title _____

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

FORM C-128
 Revised 5/1/57

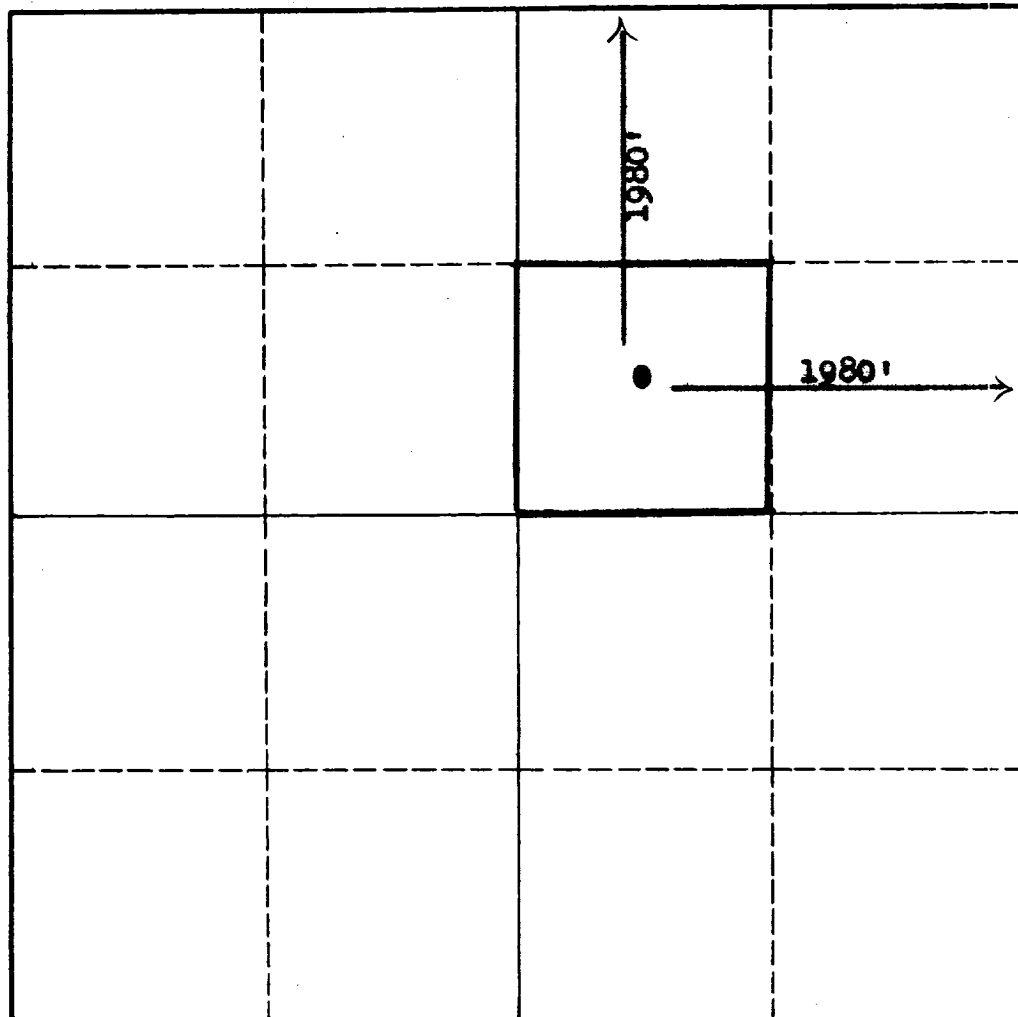
SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

SECTION A				JAN 20 8 33 AM '64	
Operator Continental Oil Company			Lease Leekhart B-35		Well No. 1
Unit Letter 6	Section 35	Township 21S	Range 37E	County Lea	
Actual Footage Location of Well: 1980 feet from the north line and 1980 feet from the east line					
Ground Level Elev. 3362	Producing Formation Blinbry		Pool Blinebry		Dedicated Acreage: 40 Acres

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES ☒ NO _____. ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES _____. If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description

SECTION B



CERTIFICATION

I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.

Name
 SIGNED: JOHN W. WOLFE, JR.
 Position
Supervising Engineer
 Company
Continental Oil Co.
 Date
1-16-64

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
 Registered Professional Engineer
 and/or Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

INSTRUCTIONS FOR COMPLETION OF FORM C-128

1. Operator shall furnish and certify to the information called for in Section A.
2. Operator shall outline the dedicated acreage for *both* oil and gas wells on the plat in Section B.
3. A registered professional engineer or land surveyor registered in the State of New Mexico or approved by the Commission shall show on the plat the location of the well and certify this information in the space provided.
4. All distances shown on the plat must be from the outer boundaries of the Section.
5. If additional space is needed for listing owners and their respective interests as required in question 3 of Section A, please use space below.