

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <i>Continental Oil Company</i>		
Address <i>Box 460, Hobbs, New Mexico</i>		
Reason(s) for filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain) <i>Request permission to commingle production from this well, after metering, with other commingled production on the Lockhart A-35 Lease pending amendment of the present commingling order.</i>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <i>Lockhart A-35</i>	Well No. <i>2</i>	Pool Name, including Formation <i>Hantz Abo</i>	Kind of Lease State, Federal or Foreign <i>Federal</i>	Lease No. <i>LC 032096 a</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>35</i>	Township <i>21S</i>	Range <i>37E</i>	NMPM, <i>Lea</i>	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"/> <i>Texas New Mexico Pipeline Company</i>		Address (Give address to which approved copy of this form is to be sent) <i>Box 1510, Midland, Texas</i>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Skelly Oil Company</i>		Address (Give address to which approved copy of this form is to be sent) <i>Box 1135, Eunice, New Mexico</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>F</i>	Sec. <i>35</i>	Twp. <i>21S</i>	Rge. <i>37E</i>
		Is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number:	<i>PC-169</i>
---	---------------

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Date Spudded <i>1-12-68</i>	Date Compl. Ready to Prod. <i>2-9-68</i>	Total Depth <i>7350</i>			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <i>3386 DF</i>	Name of Producing Formation <i>Hantz Abo</i>		Top Oil/Gas Pay <i>6700</i>			Tubing Depth <i>7302</i>			
Perforations <i>6701, 06, 59, 64, 6911, 33, 46, 69, 79, 7052, 60, 63, 7149, 59, 62, 7185, 88, 7262, 66, 77, 80, 7337, 40 and 7342</i>						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>No Change</i>		<i>13 3/8</i>		<i>227</i>		<i>200</i>			
<i>No Change</i>		<i>9 5/8</i>		<i>2455</i>		<i>500</i>			
<i>No Change</i>		<i>7</i>		<i>6544</i>		<i>500</i>			
<i>6 1/2</i>		<i>5" liner</i>		<i>7350 - 6350</i>		<i>95</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>2-15-68</i>	Date of Test <i>2-15-68</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>35</i>	Casing Pressure <i>35</i>	Choke Size <i>Open</i>
Actual Prod. During Test	Oil - Bbls. <i>40</i>	Water - Bbls. <i>60</i>	Gas - MCF <i>17</i>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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. <i>NMACC-5 alt-Ros. 2 Chew-Mid-2</i> <i>Pen fm - Hobbs, 2 RPR file</i> <i>Robert Gault</i> (Signature) <i>Adm. Sec. Chief</i> (Title) <i>2-28-68</i> (Date)		APPROVED _____, 19____ BY <i>[Signature]</i> 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.	