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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

SEP 3 11 15 AM '65

I. Operator
Continental Oil Company

Address
Box 460, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Re: lease 15 on gas well.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Resident 3-15	Lease No.	Well No.	Pool Name, Including Formation Blanchard Oil	Kind of Lease State, Federal or Fee Fee
Location Unit Letter B , 600' Feet From The N Line and 1350' Feet From The E Line of Section 20 Township 01 Range 37 , NMPM, 1-1-65 County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Petroleum New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1-10, Hobbs, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 31. Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Hall, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 20	Twp. 01	Rge. 37
				Is gas actually connected? Yes When 1-27-65

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	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.			
Elevations (DF, RKB, RT, GR, etc.)	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 669	Length of Test 24 hours	Bbls. Condensate/MMCF 2	Gravity of Condensate 42.5
Testing Method (pilot, back pr.) Crittace Meter	Tubing Pressure 200	Casing Pressure 140	Choke Size 1"

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: HAL R. STEPHENS

(Signature)

Staff Supervisor

(Title)

9-3-65

(Date)

MMCC (5) BY ATL-HOB (2) CALIF. MCD (2)
DAE AN-HOB (1)

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 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.)

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

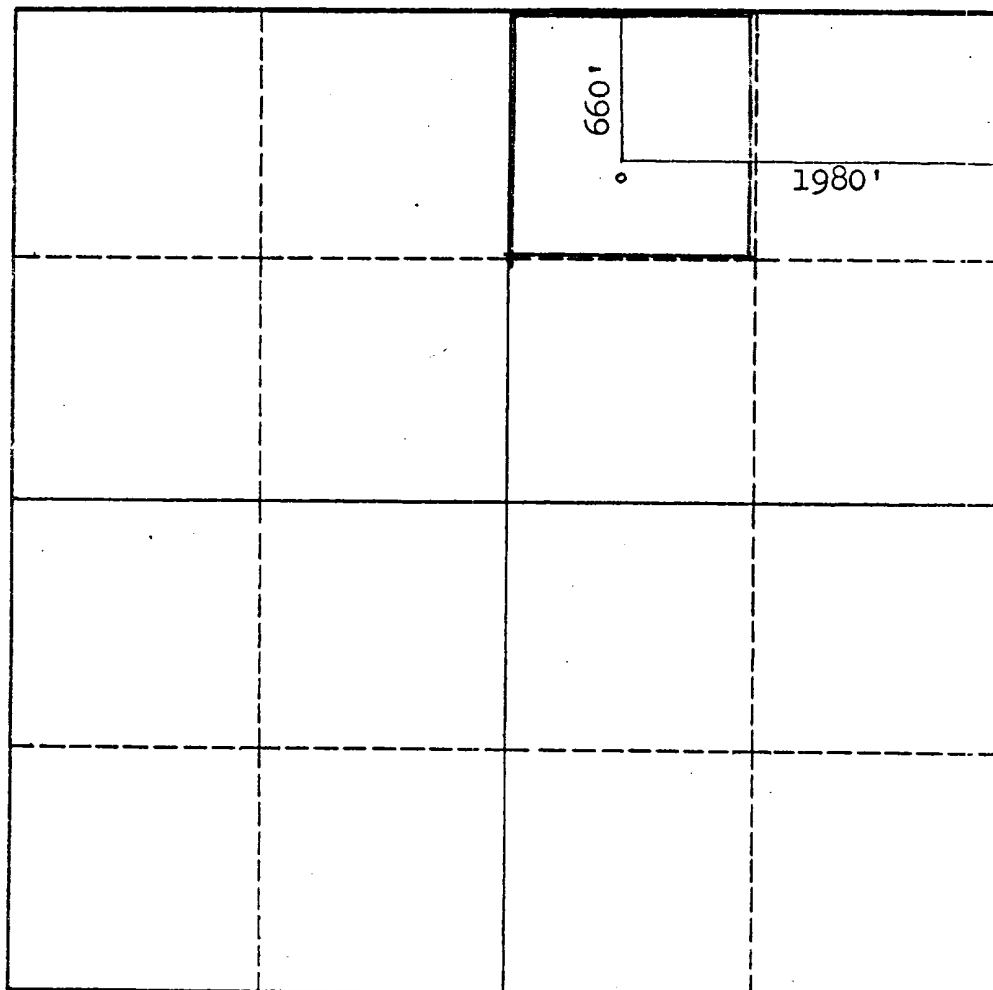
SEP 5 11 15 AM '65

Operator Continental Oil Company		Lease Lockhart B-35		Well No. 2
Unit Letter B	Section 35	Township 21S	Range 37E	County Lea
Actual Footage Location of Well: 660 feet from the North line and 1980 feet from the East line				
Ground Level Elev. 3374	Producing Formation Blinebry		Pool Blinebry Gas	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 ____ NO ____ . 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.

SIGNED HAL R. STEPHENS

Name Staff Supervisor
Position Continental Oil Co.
Company 9-3-65
Date

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