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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~TRANSPORTER~~ O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 23 3 18 PM '66

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

I. Operator
Continental Oil Company
Address
P. O. 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Britt Phillips	Well No. 1	Pool Name, Including Formation Monument Tubb	Kind of Lease Federal	Lease No.
Location Unit Letter E , 1980 Feet From The North Line and 660 Feet From The West Line of Section 10 Township 20S Range 37E , NMPM, Lea 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"/> Atlantic Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 1190, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 10	Twp. 20	Rge. 37
	Is gas actually connected?		When	
	No		-	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 12-13-65	Date Compl. Ready to Prod.		Total Depth 6650		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) -	Name of Producing Formation Monument Tubb		Top Oil/Gas Pgy 6542		Tubing Depth N/A			
Perforations 6,552, 6,562, 6,566 W/ 1 JSPP 6,487, 6,493, 6,502, 6,513, 6,516, 6,527, 6,535, 6,542, /		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 5 1/2" @ 6650				
HOLE SIZE 11 6 3/4	CASING & TUBING SIZE 7 5/8" 24# 5 1/2" 9.5#, 10.5#		DEPTH SET 1275 6650		SACKS CEMENT 470 sx Cl C 565 sx Cl C			

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 1-7-66	Date of Test 1-25-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 875	Casing Pressure Pkr.	Choke Size 18/64
Actual Prod. During Test 30	Oil-Bbls. 28	Water-Bbls. 2	Gas-MCF 1067

GAS WELL

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

(Signature)

January 28, 1966

(Title)

Staff Supervisor
MOCC-5, PAN AM-Hobbs-3, Atl ROS -2
Calif. Mid-2, Cities Service-2, Texaco -2
PT.

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.