

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

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

I. Operator
CONTINENTAL OIL COMPANY
Address
Box 460 Hobbs NM 88240
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 <u>Lockhart B-1</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>Drinkard</u>	Kind of Lease <u>LC 032099(6)</u> State, <u>Federal</u> or Fee	Lease No.
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>EAST</u> Line of Section <u>1</u> Township <u>22</u> Range <u>36</u> , NMPM, <u>LOA</u> 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"/> <u>TEXAS NEW MEXICO TRADING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 Midland TEXAS</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1351 Midland TEXAS</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>1</u>	Twp. <u>22</u>	Rge. <u>36</u>	Is gas actually connected? <u>yes</u>	When <u>12-12-73</u>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen
Date Spudded <u>10-9-73</u>	Date Compl. Ready to Prod. <u>12-12-73</u>	Total Depth <u>6797</u>	P.B.T.D. <u>6790</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>DRINKARD</u>	Top Oil/Gas Pay <u>6490</u>	Tubing Depth <u>6797</u>		
Perforations <u>6757-67, 6719-33, 6504-22, 34, 56, 75, 84, 99</u> <u>6608, 6631</u>	Depth Casing Shoe <u>6860</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>12 1/4</u> <u>7</u>	CASING & TUBING SIZE <u>8 3/8</u> <u>5 1/2</u> <u>2 7/8</u>	DEPTH SET <u>1150</u> <u>6860</u> <u>6797</u>	SACKS CEMENT <u>600</u> <u>550</u>
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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 <u>12-12-73</u>	Date of Test <u>1-2-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 HRS</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>65</u>	Water-Bbls. <u>42</u>	Gas-MCF <u>282</u>

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

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.

M. E. Spackley
(Signature)
Administrative Supervisor
(Title)
1-28-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY M. E. Spackley
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.

0000051 450521 nmf4 41 file

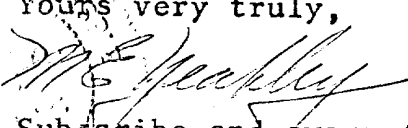
New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's LOCKHART B-1 No. 8, located in Unit H Section 1, LEA County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>225</u>	<u>1/4</u>	<u>3280</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>530</u>	<u>1/2</u>	<u>3620</u>	<u>1 1/2</u>	<u> </u>	<u> </u>
<u>740</u>	<u>1/2</u>	<u>3975</u>	<u>1 1/2</u>	<u> </u>	<u> </u>
<u>987</u>	<u>3/4</u>	<u>4580</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>1400</u>	<u>1/2</u>	<u>5125</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>1750</u>	<u>3/4</u>	<u>5865</u>	<u>1</u>	<u> </u>	<u> </u>
<u>1975</u>	<u>1 1/4</u>	<u>6200</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>2366</u>	<u>1 3/4</u>	<u>6438</u>	<u>1</u>	<u> </u>	<u> </u>
<u>2630</u>	<u>2</u>	<u>6620</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>2855</u>	<u>2 1/4</u>	<u>6860</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>3135</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Yours very truly,


Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 28th day of January, 1974.

7-4-76
My Commission Expires

Beatrice E. Dillepp
Notary Public