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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS  
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

I.

Operator <u>Continental Oil Company</u>	
Address <u>PO Box 460 Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
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"/>
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-35</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Wantz Abo</u>	Kind of Lease <u>LC 0320966</u> State, <u>Federal</u> or Fee	Lease No.
Location				
Unit Letter <u>H</u> ; <u>2180</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>35</u> Township <u>21 S</u> Range <u>37 E</u> , NMPM, <u>Lea</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 Pipeline</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>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135 Eunice, New Mexico</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>35</u>
	Twp. <u>21</u>	Rge. <u>37</u>
	Is gas actually connected? <u>yes</u> When <u>10-6-77</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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	<u>X</u>					<u>X</u>		<u>X</u>
Date Spudded	Date Compl. Ready to Prod. <u>9-26-77</u>		Total Depth <u>7415</u>		P.B.T.D. <u>7385</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Wantz Abo</u>		Top Oil/Gas Pay <u>6882</u>		Tubing Depth <u>7372</u>			
Perforations <u>6882, 98, 6908, 14, 34, 57, 7044, 55, 81, 7157, 63,</u> <u>7218, 32, 43, 57, 86, 40, 7308, 54, 67</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>2 7/8</u>		<u>7372</u>					

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>9-26-77</u>	Date of Test <u>10-6-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>150 #</u>	Casing Pressure	Choke Size <u>1 1/4"</u>
Actual Prod. During Test	Oil - Bbls. <u>23</u>	Water - Bbls. <u>2</u>	Gas - MCF <u>112</u>

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.

Wm. D. Butterfield  
(Signature)  
Administrative Supervisor  
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED 11-1977, 19  
BY [Signature]  
TITLE DEPUTY COMMISSIONER

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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 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

2180' FNL; 660' FEL OF SEC. 35

At proposed prod. zone

Same

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

## 15. DISTANCE FROM PROPOSED\*

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

## 16. NO. OF ACRES IN LEASE

160

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

## 19. PROPOSED DEPTH

PBD 7400'

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

3376' DF

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

40

## 20. ROTARY OR CABLE TOOLS

## 22. APPROX. DATE WORK WILL START\*

8-15-77

## 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 Temporarily Shut-off Production From The Granite Wash Zone and complete The Wentz Abo Zone As Follows:  
Run CIBP ON Wireline and set AT 7400'. Perf. 6882', 98', 6908', 16, 34, 57', 7046', 55, 81', 7157', 63', 7218', 32, 43, 57, 86, 90', 7308', 59, 67'.  
w/2 JSF, Acid Frac As Follows:  
7359'-67' 1000 Gals. 28% Acid.  
7218'-7308' 4000 Gals. 15% Acid.  
7157'-63' 1000 Gals. 28% Acid.  
7046'-81' 750 Gals. 15% Acid.  
6882'-6957' 1500 Gals. 15% Acid.  
Run TB9 and set AT 7380' w/SN AT 7345' and Return to Production,

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

Bernard A. Moroz

TITLE

Administrative Supervisor

DATE

Aug. 8, 1977

(This space for Federal or State office use)

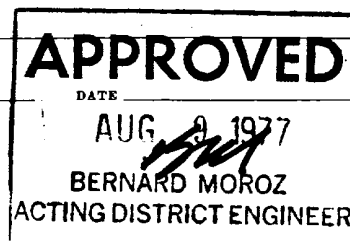
PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions On Reverse Side

USGS (6), NMFL Partners, File (2).

1977-1978

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**AUG 1 8 1977**

**OIL CONSERVATION COMM.  
HOBBS, N. M.**