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U.S.G.S.	
LAND OFFICE	
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

I. Operator  
**CONTINENTAL OIL COMPANY**

Address  
**BOX 460 HOBBS, NEW MEXICO 88240**

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

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry 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 <b>LOCKHART B</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>EUNICE MONUMENT</b>	Kind of Lease State, Federal or Fee <b>FED</b>	Lease No.
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Location

Unit Letter **A** ; **330** Feet From The **NORTH** Line and **990** Feet From The **EAST**

Line of Section **14** Township **21** Range **36** , 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"/> <b>SHAW PIPELINE CORP</b>	Address (Give address to which approved copy of this form is to be sent) <b>INDIANAPOLIS</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>WILSON PETROLEUM CORP</b>	Address (Give address to which approved copy of this form is to be sent) <b>TULSA, OKLAHOMA</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>14</b>
	Twp. <b>21</b>	Rge. <b>36</b>
	Is gas actually connected? <b>YES</b>	When <b>DECEMBER 31, 1971</b>

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. Henkle**  
(Signature)  
**ADMINISTRATIVE SUPERVISOR**  
(Title)  
**JANUARY 11, 1972**  
(Date)

**NMOCC (5), NMEU (4), USGS (2), FILE**

OIL CONSERVATION COMMISSION

APPROVED **JAN 24 1972**, 19  
Orig. Signed by  
BY **John Runyan**  
Geologist  
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.

# OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AUTHORIZATION FOR OIL AND NATURAL GAS

JAN 1968

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

Operator <b>Continental Oil Company</b>			
Address <b>P. O. Box 460, Hobbs, New Mexico 88240</b>			
Reason(s) for change (check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	<b>To change lease name from Lockhart B-14 effective 12-1-67</b>	
Recompletion	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change in ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name <b>Lockhart B</b>	Well No. Pool Name, including Formation <b>3 Eunice Grayburg S.A.</b>	State, Federal or Foreign <b>Federal</b>	<b>LC032029h</b>
Location			
Unit Letter <b>A</b>	<b>330</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b>		
Line of Section <b>14</b>	Township <b>21S</b>	Range <b>36E</b>	County <b>NMD.</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Shell Pipe Line Corp.</b>	<b>Box 1598, Hobbs, New Mexico</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Continental Carbon Company</b>	<b>Eunice, New Mexico</b>	
If well produces oil or liquids, give location of tank	Unit <b>A</b> Sec. <b>14</b> Twp. <b>21S</b> Rge. <b>36E</b>	Is gas directly connected? <b>Yes</b>	When

IV. COMPLETE WELL DATA							
Designate Time of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
Date Spudded	Date Compl. Ready to Prod.	Total Depth		Produced			
Elevations (DT, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Generators		Depth Casing Head					
TUBING, CASING, AND CEMENTING RECORD							
DATE	CASING & TUBING SIZE	DEPTH SET		SAGG & JOINT			

V. TEST DATA - REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or greater than allowable for this depth or be for full 24 hours)			
Date of Test	Time To Test	Date of Test	Producing method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Coke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Annual Prod. (MCF/D)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing method (Flow, shut-in, etc.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Coke 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.		APPROVED <b>JAN 2 1968</b>	
NMCCO-7 ATL-Ros-2 CHEV-Mid-2 PAN-Hobbs-2 RPR FILE		ORIGINAL & THREE COPIES SIGNED BY <b>EDWARD ENGELBRECHT</b> ENGINEER (CERT. No. 1)	
This form is to be filed in compliance with RULE 111.		TITLE	
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.		This form is to be filed in compliance with RULE 111.	
All sections of this form must be filled out completely for allowance on new and recompleted wells.		Fill out Sections I, II, V and VI for changes of owner, well name or location, or transporter under such change of condition.	
Section C-104 must be filled for all wells to be multiply completed.			