

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
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
DEC 23 10 29 AM '65

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 Lockhart B-31	Well No. 6	Pool Name, Including Formation Jalmat Multizone	Kind of Lease Federal State, Federal or Fee
Location Unit Letter F ; 1980 Feet From The north Line and 1980 Feet From The west Line of Section 31 , 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 31	Twp. 21	Rge. 36	Is gas actually connected? Yes	When 12-11-65

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X				X			X
Date Started Started 10-20-65	Date Compl. Ready to Prod. 11-21-65		Total Depth 3985		P.B.T.D. -			
Pool 3633 GL	Name of Producing Formation w/ Seven Rivers		Top Oil/Gas Day 3842		Tubing Depth 2" @ 3842			
Perforations 3843, 3867, 3882, 3888 & 3900 w/1 JSPF					Depth Casing Shoe 4-1/2" Liner @ 3985			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No change in casing.								
423' 4-1/2" liner w/hanger to 3985						175 sx cmt.		
Top liner at 3563'								

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 12-11-65	Date of Test 12-11-65	Producing Method (Flow, pump, gas lift, etc.) Pmpd	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 105	Oil-Bbls. 30	Water-Bbls. 75	Gas-MCF 122

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)

Staff Supervisor

(Title)

12-22-65

NMOCC-5, LPT, Pan Am-Hobbs-2, Atl-Ros-2, Calif-Mid-2

OIL CONSERVATION COMMISSION

APPROVED **DEC 28 1965**, 19

BY **Engineer District 8**

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 Sections I, II, III, and VI only 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.