NO. OF COPIES RECEIVED			
DISTRIBUTION	JEW MEYICO OU CO	ONSERVATION COMMISS	Form C-104
SANTAFE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
	- KEQUESI		Effective 1-1-65
FILE	-	AND	10/20
U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	ASUZP Zg
LAND OFFICE	_		20 00
TRANSPORTER GAS			29 PH 185
OPERATOR			
PRORATION OFFICE			
Operator			
Continental Oil Co	ompany		
Box 460, Hobbs, Ne	ew Mexico	Other (Please explain,	
New Well	Change in Transporter of:		
7	Oil Dry Go	ıs T	
Recompletion <u>A</u>			
Change in Ownership	Casinghead Gas Conder	isute	
If change of ownership give name and address of previous owner		-7	
I. DESCRIPTION OF WELL AND	LEASE	4 1 1 1 1 1 1 1 1 1	Kind of Lease Federal
Lease Name	Lease No. Well No. Pool Na	me, Including Formation	
Hawk A	2 Dri	nkard	State, Federal or Fee
Location			
Housetter H 198	O Feet From The NO. Lit	ne and 6601 Feet From	The East
	03.0	37E , NMPM,	Tea County_
Line of Section 8 T	ownship 21S Range		A. V.
T PROTOS ATTOM OF THE INCHOL	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
		i e	
Shell Pipeline Co	rporation	TOX 1910. MIGLAND	· IEAGS
~ <u>~</u>		Address (Cine address to which appro	med copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas X or Dry Gas	Box 1910, Midland Address (Give address to which appro	
Name of Authorized Transporter of C	Casinghead Gas 📉 💮 or Dry Gas 🦳	Eunice, New Mexic	0
Name of Authorized Transporter of C Skelly Oil Compan	Casinghead Gas 📉 💮 or Dry Gas 🦳	Eunice, New Mexic	O nen
Name of Authorized Transporter of C	Unit Sec. Twp. Rge.	Eunice, New Mexic	0
Name of Authorized Transporter of C Skelly Oil Compan If well produces oil or liquids, give location of tanks.	Castnghead Gas X	Eunice, New Mexicons Separate	O nen
Name of Authorized Transporter of C Skelly Oil Compan If well produces oil or liquids, give location of tanks. If this production is commingled w	Unit Sec. Twp. Rge.	Eunice, New Mexicons Separate	0 nen 1-25-62
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Name of Authorized Transporter of C Skelly Oil Compan If well produces oil or liquids, give location of tanks. If this production is commingled w. V. COMPLETION DATA Designate Type of Complete DateXXXXX Work Began 9-21-65 Elevations for RKB, RT, CR, etc., Pool- Drinkard Perforations Drinkard Perforations Drinkard 6553,6569,6581,659 HOLE SIZE 17 1/2 12 8 3/4 V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks 9-27-65 Length of Test 12 hours	Casinghead Gas X or Dry Gas X V Unit Sec. Twp. Rge. W 5 21-S 37-I with that from any other lease or pool, tion - (X) Date Compl. Ready to Prod. 9-27-65 Name of Producing Formation Drinkard 01,6607,6620,6629, & TUBING, CASING, AN CASING & TUBING SIZE 13 3/8 48# 9 5/8" 36# 7" 23# 2 3/8" FOR ALLOWABLE (Test must be able for this in the control of the	Eunice, New Mexico Is gas actually connected? Yes give commingling order number: New Well Workover Deepen X Total Depth 6733 Top Oll/Gas Pay BE CEMENTING RECORD DEPTH SET 225! 2859! 6730! 6520! after recovery of total volume of load order for be for full 24 hours) Producing Method (Flow, pump, gas Flowing Casing Pressure PKT	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 6657 Tubing Depth 2 3/8" @ 6520 Depth Casing Shoe 6730 SACKS CEMENT 250 SX CMt 975 SX CMt 880 SX CMt Il and must be equal to or exceed top allowed the size 24/64
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Name of Authorized Transporter of C Skelly Oil Compan If well produces oil or liquids, give location of tanks. If this production is commingled w V. COMPLETION DATA Designate Type of Complet DateXXXXX WORK Began 9-21-65 Elevations for RKD, RR, CR, Pro. Pool - Drinkard Perforations Drinkard 6553,6569,6581,659 HOLE SIZE 17 1/2 12 8 3/4 V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks 9-27-65 Length of Test 12 hours Actual Prod. During Test 227 GAS WELL	Casinghead Gas X or Dry Gas X V Unit Sec. Twp. Rge. W 5 21-S 37-I with that from any other lease or pool, tion - (X) Date Compl. Ready to Prod. 9-27-65 Name of Producing Formation Drinkard 01,6607,6620,6629, & TUBING, CASING, AN CASING & TUBING SIZE 13 3/8 48# 9 5/8" 36# 7" 23# 2 3/8" FOR ALLOWABLE (Test must be able for this of the control of the c	Eunice, New Mexico Is gas actually connected? Yes give commingling order number: New Well Workover Deepen X Total Depth 6733 Top Oll/Gas Pay 6643 W/1 JSPF. ND CEMENTING RECORD DEPTH SET 225! 2859! 6730! 6520! after recovery of total volume of load order or be for full 24 hours) Producing Method (Flow, pump, gas Flowing Casing Pressure PKT Water-Bbis.	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 6657 Tubing Depth 2 3/8 @ 6520 Depth Casing Shoe 6730 SACKS CEMENT 250 sx cmt 975 sx cmt 880 sx cmt Il and must be equal to or exceed top allowed lift, etc.) Choke Size 24/64 Gas-MCF
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VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

APPROVED	,	19
ВУ		

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.

(Title)

(Date)

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 an 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.

NMOCC-2, LPT-Pan Am Hobbs-3

Staff Supervisor

9-28-65