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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE OIL PRODUCTION
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DUPLICATE

I.

Operator Continental Oil Company	
Address Box 460, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" 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 Hawk B-1	Lease No.	Well No. 9	Pool Name, including Formation Blinobry	Kind of Lease State, Federal or Fee Fed.
Location				
Unit Letter M	660	Feet From The South Line and	660	Feet From The West
Line of Section 9	Township 2N	Range 37	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 Pipe Line Company	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"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit K Sec. 9 Twp. 2N Rge. 37
Is gas actually connected?	When 12-14-65

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 <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded work began 11-26-65	Date Compl. Ready to Prod. 11-28-65	Total Depth 6770	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3517 DF	Name of Producing Formation Blinobry	Top Oil/Gas Pay 5797	Tubing Depth 2" @ 5800					
Perforations 5800, 36, 52, 60, 87, 92, 5932, 47, 96 & 6053 w/1 JSPP	Depth Casing Shoe 7" @ 6769							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No Change								

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 12-13-65	Date of Test 12-14-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 75	Casing Pressure 2kr	Choke Size 38/64
Actual Prod. During Test 36	Oil - Bbls. 33	Water - Bbls. 3	Gas - MCF 529

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.

SIGNED **HAL R. STEPHENS**

(Signature)

Staff Supervisor

(Title)

12-21-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 5 1966**, 19

BY **Engineer District 1**

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.

NMCCC (5) PAN AM-HOBS (3) ATT-ROS (2) CALIF-MID (2) FILE