

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

Operator Continental Oil Company	
Address P. O. Box 460 Hobbs, New Mexico	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Deepened & Dually Completed	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk B-10	Well No. 10	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Federal
Location Unit Letter C, 460 Feet From The North Line and 1980 Feet From The West			
Line of Section 10, Township 21-S Range 37-E, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co.	Box 510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company	Box 135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 10 21-S 37-E	Yes 5-24-65

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XXXX Workover								
Started 4-1-65	Date Compl. Ready to Prod. 4-21-65	Total Depth 6790	P.B.T.D. -					
Pool Drinkard	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6618'	Tubing Depth 6618'					
Perforations	6618, 6625, 6644, 6659, 6698, 6718, 6725, & 6733 w/1 JSPP		Depth Casing Shoe 4" liner at 6790					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	13 3/8"	337	300					
	8 5/8"	3000	350					
	5 1/2"	6485	505					
	4" Liner	6790	35					
	2 1/16"	6618						

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 5-24-65	Date of Test 5-24-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 45	Casing Pressure Pkr	Choke Size -
Actual Prod. During Test 9	Oil-Bbls. 7	Water-Bbls. 2	Gas-MCF 32

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.

NMOC-5, USGS-2, PT  
Pan Am Hobbs-3, Atl Ros-2, Calif Mid-2

Robert Gault III  
(Signature)

Staff Supervisor  
(Title)

May 27, 1965  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

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.