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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

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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk B-10	Well No. 6	Pool Name, Including Formation Wanty Abo	Kind of Lease Federal	Lease No. NM 2512
Location Unit Letter C : 990' Feet From The NORTH Line and 2310 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"/> Texas-New Mexico Pipe Line 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"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10	Twp. 21	Pge. 37	Is gas actually connected? Yes	When 10-1-69

If this production is commingled with that from any other lease or pool, give commingling order number:

FC-91

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.
Date Spudded	Date Compl. Ready to Prod. 10-1-69	Total Depth 8090	P.B.T.D. 7300					
Elevations (DF, RKB, RT, GR, etc.) 3465' DF	Name of Producing Formation Wanty Abo	Top Oil/Gas Pay 6807	Tubing Depth 7332					
Perforations 6807, 6853, 6897, 6915, 6957, 6985, 7022, 7046, 7063, 7085, 7160, 7185, 7224, 7247, 7258, 7385, 7400, 7420 1-JSPF	Depth Casing Shoe 8090					TUBING, CASING, AND CEMENTING RECORD		
NO CHANGE HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15	10 3/4	256		250				
9 7/8	7 5/8	3099		1308				
6 7/4	5 1/2	8089		507				
	2 7/8	7332						

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 10-1-69	Date of Test 10-6-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 2980	Water-Bbls. 8 BW	Gas-MCF 55

GAS WELL

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

M. E. Grubley  
(Signature)  
Adm. Section Chief  
(Title)  
10-8-69  
(Date)

NMOC-5

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 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.