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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

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

AUG 29 11 40 AM '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 ☐ Squeeze & Reperforate
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name State 10 Well No. 1 Pool Name, including Formation Blinebry Kind of Lease State, Federal or Fee State
Location
Unit Letter D : 990 Feet From The North Line and 990 Feet From The West
Line of Section 10 , Township 21 Range 37 , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks. Unit E Sec. 10 Twp. 21S Rge. 37E
Is gas actually connected? When

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. ☐
Date Spudded 7-21-65 Date Compl. Ready to Prod. 8-12-65 Total Depth 8815 P.B.T.D. 7715
Pool Blinebry Name of Producing Formation Blinebry Oil Top Oil/Gas Pay 5721 Tubing Depth 5754
Perforations 5754, 5773, 5825, 5853, 5898, 5942, 6002 Depth Casing Shoe 8279
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
13 3/8 236 250
9 5/8 3128 1308
7 8279 1330
2 3/8 7096

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 8-3-65	Date of Test 8-12-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 190	Casing Pressure 410	Choke Size 24/64
Actual Prod. During Test 121	Oil-Bbls. 121	Water-Bbls. 0	Gas-MCF 865

GAS WELL
Actual Prod. Test-MCF/D Length of Test Ebls. 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.
Staff Supervisor
6-19-65
NMCCC-5, LPT File
OIL CONSERVATION COMMISSION
APPROVED
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.