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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

Continental Oil Company

P. O. Box 460, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Transportation

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Lockhart B-11	11	Drinkard	Federal
Location	Unit Letter	I	1980
Feet From The	South	Line and	330
Feet From The	East		
Line of Section	11	Township	21S
Range	37E	N.M.P.M.	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		P.O. 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		P.O. Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	E	11
	Twp.	21
	Rge.	37
Is gas actually connected?	When	
No		

If this production is commingled with that from any other lease or pool, give commingling order number: PC-97

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X					X			
Date XXXXX	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-1-65	5-13-65	6780						
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Drinkard		6522	6505					
Perforations		W/L JSPF	Depth Casing Shoe					
6523, 6543, 6555, 6574, 6592, 6602, 6621, 6639, 6654, 6677, 66703 /			6870					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	4" Liner	6780	75					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
5-13-65	5-13-65	Pump
Length of Test	Tubing Pressure	Casing Pressure
24		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
31 Bbls	31	1
		Gas-MCF
		4

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.

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.

Staff Supervisor

(Signature)

(Title)

May 19, 1965

(Date)

NMOCC-5, JM PAN AM HOBBS-3 STD ROS -2
CALIF OIL MID & HOUS. 1 ea.