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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

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"/>	Disconnected from Drkd Battery & connected to Terry Blinebry Battery.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lockhart B-12	Well No. 1	Pool Name, including Formation Terry Blinebry Oil Pool	Kind of Lease Federal
Location Unit Letter D ; 330 Feet From The North Line and 660 Feet From The West			
Line of Section 12 , Township 21S Range 37E , NMPM, Lea County			

**EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO CITY OIL COMPANY.**

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)
Shell Pipe Line Company	Box 1910, 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 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 12 21S 37E Yes 3-10-65

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date started 2-22-65	Date Compl. Ready to Prod. 3-10-65	Total Depth 8268 lm				P.B.T.D. 6540		
Pool Blinebry	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5883-6060				Tubing Depth 2 1/2" @ 6012		
Perforations 5904, 5923, 5942, 5976, 5987, 6003, 6037 & 6054 W/1 JSFP					Depth Casing Shoe 7" @ 8268			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		
17 1/2"	13" OD csg	275				250 sx cmt		
12	9 5/8" OD csg	3149				1518 sx cmt		
9 7/8"	7" OD csg	8268				940 sx cmt		
	2 7/8"	6012						

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 3-10-65	Date of Test 3-10-65	Producing Method (Flow, pump, gas lift, etc.) Pumped	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 58 bbls	Oil - Bbls. 58 BO	Water - Bbls. 0	Gas - MCF 16

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: ROBERT GAULT III

(Signature)

Staff Supervisor

(Title)

3-30-65

(Date)

NMOCC-5 PAN AM HOBBS-3 ATL ROS-2 JM
CALIF HOUS & MID - 1 Each

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 multiple completed wells.