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| | GAS |
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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

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 ☐
Other (Please explain)

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 State, Federal or Fee |
| Location Unit Letter D ; 330 Feet From The North Line and 660 Feet From The West Line of Section 12 , Township 21S Range 37E , NMPV, 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 | 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 1135, Eunice, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 12 | Twp. 21S | Rge. 37E | Is gas actually connected? Yes | When 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Date xxxx 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 JSPF | | | | | 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 hours | 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.

(Signature)

Staff Supervisor

(Title)

March 18, 1965

**NMOCC-5, PAN AM HOBBS 3, ATL ROS -2
CALIF HOUS & MID - 1 ea**

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.