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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

I. Operator
CONTINENTAL OIL CO.
Address
BOX 460 HOBBS, N.M.
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) REQUEST TEMP. PERMISSION TO
COMMINGLES PENROSE SKELLY WITH OTHER
COMMINGLED PRODUCTION ON LEASE PENDING
AMENDMENT TO ORDER PC-90. Well
DHC WITH DRINKARD AND PENROSE SKELLY.
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOCKHART A-17	Well No. 3	Pool Name, Including Formation DRINKARD	Kind of Lease State, <u>Federal</u> or Fee	Lease No. LC 032096(A)
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line of Section <u>17</u> Township <u>21 S</u> Range <u>37 E</u> , NMPM, <u>LEA</u> 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"/> SHELL PIPELINE	Address (Give address to which approved copy of this form is to be sent) MIDLAND, TEXAS			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL CO.	Address (Give address to which approved copy of this form is to be sent) EUNICE, NEW MEXICO			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>17</u>	Twp. <u>21</u>	Rge. <u>37</u>
Is gas actually connected? <u>YES</u> When <u>12-4-75</u> EFFECTIVE JANUARY 31, 1977,				

If this production is commingled with that from any other lease or pool, give commingling order number: SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.

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 type="checkbox"/>	Same Res. <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>12-4-75</u>		Total Depth <u>6645'</u>		P.B.T.D. <u>6610</u>			
Elevations (DF, <u>RKB</u> RT, GR, etc.) <u>3483</u>	Name of Producing Formation DRINKARD		Top Oil/Gas Pay <u>6470'</u>		Tubing Depth <u>6577'</u>			
Perforations <u>6481' 6503' 6525' 6537' 6557' 6570' 6579' 6602'</u>					Depth Casing Shoe <u>6629'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>13 3/8"</u>		<u>222'</u>		<u>200</u>			
	<u>9 5/8"</u>		<u>25929'</u>		<u>500</u>			
	<u>7"</u>		<u>6629'</u>		<u>629</u>			
NOTE: DRINKARD WAS P&A. REENTERED								

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>12-8-75</u>	Producing Method (Flow, <u>pump</u> gas lift, etc.)	
Length of Test <u>24</u>	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test	Oil - Bbls. <u>50</u>	Water - Bbls. <u>53</u>	Gas - MCF —

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Robert E. Smith

(Signature)

Associate Staff Assistant

(Title)

12-9-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 11 1975, 19

BY Larry Epton

TITLE Assistant Commissioner

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.