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	GAS
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NEW MEXICO OIL CONSERVATION CO. ION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE: 1 11 6 51

Company or Operator Continental Oil Company				Lease ME Wants		Well No. 3	
Unit Letter P	Section 21	Township 21-S	Range 37-E	County Lea			
Pool Paddock				Kind of Lease (State, Fed, Fee) Fee			
If well produces oil or condensate give location of tanks			Unit Letter H	Section 21	Township 21-S	Range 37-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company				Address (give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Company			Date Con- nected 11-28-62	Address (give address to which approved copy of this form is to be sent) Box 1135 - Eunice, New Mexico			

If gas is not being sold, give reasons and also explain its present disposition:

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

REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☐
Change in Transporter (check one) Other (explain below)
Oil ☐ Dry Gas ☐ **Change in pool designation; formerly**
Casing head gas . ☐ Condensate . ☐ **Undesignated.**

Remarks

NMCC-5 WAM SW File

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **7** day of **March**, 19 **63**

OIL CONSERVATION COMMISSION		By	
Approved by		SIGNED: J. R. PARKER	
Title		District Superintendent	
Date		Company Continental Oil Company	
		Address Box 68 Eunice, New Mexico	

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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

RECORDED
INDEXED
DEC 3 1962
AN RECOMPLETION

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Eunice, New Mexico

11-29-62

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company

Wantz

, Well No. **3**, in **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

P Sec. **21**

T **21-S**

R **37-E**

NMPM.

Paddock

Pool

Unit Letter

Started

Lea

County Date **11-9-62**

Date **11-28-62** Completed

Please indicate location:

Elevation **3442** Total Depth **8304** PBD **7390**

Top Oil/Gas Pay **5100** Name of Prod. Form. **Glorieta**

PRODUCING INTERVAL -

Perforations **5118-21, 5138-41, 5171-74, 5192-95**

Open Hole **-** Depth **8300** Depth **5200**
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: **-** bbls. oil, **-** bbls water in **-** hrs, **-** min. Size **-**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): **32** bbls. oil, **82** bbls water in **24** hrs, **-** min. Size **Pmpg**

GAS WELL TEST -

Natural Prod. Test: **-** MCF/Day; Hours flowed **-** Choke Size **-**

Method of Testing (pitot, back pressure, etc.): **-**

Test After Acid or Fracture Treatment: **-** MCF/Day; Hours flowed **-**

Choke Size **-** Method of Testing: **-**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **6000 gals acid using 20 ball sealers**

Casing **Pkr** Tubing **Pmpg** Date first new oil run to tanks **11-28-62**
Press. Press.

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Skelly Oil Company (Casinghead)**

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: **19**

Continental Oil Company

(Company or Operator)

SIGNED

By: **Alternate for Dist. Supt.**
(Signature)

Title: **Alternate for Dist. Supt.**

Send Communications regarding well to:

Name: **Continental Oil Company**

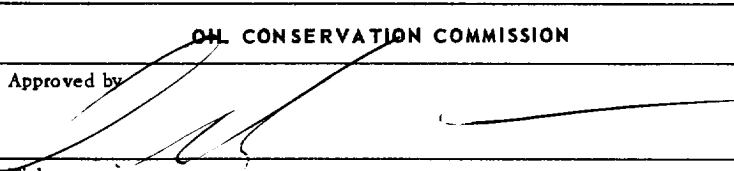
Box 68, Eunice, New Mexico

Address:

OIL CONSERVATION COMMISSION

By: **NMOCC-4 WAM File**

Title: **NMOCC-4 WAM File**

NUMBER OF COPIES RECEIVED _____ DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			FORM C-110 (Rev. 7-60)	
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REASON(S) FOR FILING (please check proper box)						
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>						
Plugged back and dual completed in Blinberry and Glorieta formations.						
Remarks NMOCC-5 WAM SW File						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the 29th day of November , 19 62 .						
OIL CONSERVATION COMMISSION				By		
Approved by 				Title Alternate for Dist. Supt.		
Title				Company Continental Oil Company		
Date				Address Box 68, Eunice, New Mexico		