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U.S.D.C.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 <u>Continental Oil Company</u>	
Address <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain) <u>Well reclassified as an oil well in the Blinebry Oil Pool effective January 1, 1968.</u>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name <u>Hawk B-1</u>	Well No. <u>4</u>	State, Federal or Fee <u>Federal</u>	<u>NM 2512</u>
Pool Name, including Formation <u>Blinebry Oil</u>			
Location			
Unit Letter <u>L</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>		
Line of Section <u>9</u>	Township <u>21</u>	Range <u>37</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Texas-New Mexico Pipe Line Company</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>El Paso Natural Gas Company</u>		
Unit	Sec.	Twp.	Rge.
<u>K</u>	<u>9</u>	<u>21S</u>	<u>37E</u>
If well produces oil or liquids, give location of surface.		Is gas actually connected?	When
		<u>Yes</u>	<u>NA</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-113</u>			

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spaced	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (OF, RNS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 to 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Oil Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing method (flow, 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.	
NM000-6 AUL-Ros-2 CHEV-Mid-2 PAN AM-Hobbs-2 JLW RLR	
(Signature) _____	
Agent - Supervising Prod. Engineer	
(Date) <u>12-11-67</u>	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY _____	
TITLE _____	
This form is to be filed in compliance with RULE 111.	
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 in well name or number, or transporter, or other such change of conditions.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	