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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

706 4 11 55 AM '65

I. Operator  
**Continental Oil Company**  
Address  
**Box 460, Hobbs, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Incompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Well was single completion in Drinkard zone. Dual completed in Blinebry.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hawk B-1</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Blinebry</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location: Unit Letter <b>L</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>9</b> , Township <b>21</b> Range <b>37</b> , NMPM, <b>Lea</b> 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"/> <b>Texas New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1135, Eunice, N. M.</b>		
If well produces oil or liquids, give location of tanks. <b>K 9 21 37</b>	Unit <b>K</b>	Sec. <b>9</b>	Twp. <b>21</b>
Rge. <b>37</b>	Is gas actually connected? <b>Yes</b>	When <b>8-1-65</b>	<b>PC-113</b>

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) <b>X</b>	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <b>7-16-65</b>	Date Compl. Ready to Prod. <b>7-28-65</b>	Total Depth <b>6740</b>	P.B.T.D. <b>6601</b>
Pool <b>Blinebry</b>	Name of Producing Formation <b>Blinebry</b>	Top Oil/Gas Pay <b>5799</b>	Tubing Depth
Perforations <b>5799, 5811, 5830, 5847, 5887, 5913, 5929, 5947 &amp; 6001 w/1Jspf 7" @ 6689</b>			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <b>See previous report on Drinkard zone</b>	CASING & TUBING SIZE <b>Tbg. 2 7/8"</b>	DEPTH SET <b>5770</b>	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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>7-29-65</b>	Date of Test <b>7-31-65</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>140</b>	Casing Pressure <b>380</b>	Choke Size <b>36/64</b>
Actual Prod. During Test <b>95</b>	Oil-Bbls. <b>95</b>	Water-Bbls. <b>17</b>	Gas-MCF <b>590</b>

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

Staff Supervisor

8-3-65

NMOCC (5) LPT PAN AM-HOBS (4)

ATL-ROS (2) CALIF-MID(2)

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.