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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

HOBBS OFFICE O.C.C.
FEB 26 11 24 AM '65

I.

Operator Continental Oil Company	
Address Box 460, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Meyer B-4	Well No. 27	Pool Name, Including Formation Oil Center Blinebry	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter H	6270 Feet From The South Line and 660 Feet From The East		
Line of Section 4	Township 21-S	Range 36-E	NMPM, 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"/> Atlantic Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1190, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit G Sec. 4 Twp. 21-S Rge. 36-E	Is gas actually connected? Yes When 2-25-65

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 2-1-65	Date Compl. Ready to Prod. 2-21-65	Total Depth 5,990	P.B.T.D. -					
Pool Blinebry	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5,809	Tubing Depth 5,800					
Perforations 5896, 5898, 5912, & 5918 W/2 JSPF			Depth Casing Shoe 5 1/2" @ 5990'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8" OD		1235		500 cir.			
7 7/8	5 1/2" OD		5990		410 Ret. to 2460			
	2 3/8" OD		5800					

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 2-21-65	Date of Test 2-25-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 14 hrs.	Tubing Pressure 350#	Casing Pressure 50#	Choke Size 14/64"
Actual Prod. During Test 97 B.O.	Oil - Bbls. 166 (24 hrs)	Water - Bbls. 17 (24 hrs.)	Gas - MCF 87.8 (24 hrs)

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: J. A. IVERSON

(Signature)

District Office Manager

(Title)

February 26, 1965

NMOCC-5, SLO JM PAN AM HOBBS-3, 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.