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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

JUL 30 11 28 AM '65

I. Operator Continental Oil Company
Address P.O. Box 460, Hobbs, New Mexico
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) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hawk "A"</u>	Well No. <u>5</u> Pool Name, including Formation <u>Blinebry</u>	Kind of Lease <u>Federal</u> State, Federal or Fee
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>9</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"/> <u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135, Eunice, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>8</u> Twp. <u>21-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>Yes</u> When <u>7-26-65</u>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>4-12-65</u>	Date Compl. Ready to Prod. <u>6-10-65</u>		Total Depth <u>6,800'</u>			P.B. <u>-</u>		
Pool <u>Blinebry</u>	Name of Producing Formation <u>Blinebry</u>		Top Oil/Gas Pay <u>5,758'</u>			Tubing Depth <u>5,760'</u>		
Perforations <u>5760, 5795, 5810, 5822, 5864, 5893, 5922, 5937, 5960, /</u>						Depth Casing Shoe <u>5 1/2" @ 6800'</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8"</u>		<u>1,325</u>		<u>500 sx circ.</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>6,800</u>		<u>500 sx</u>			
	<u>2 1/16"</u>		<u>5,760</u>					

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 <u>7-26-65</u>	Date of Test <u>7-26-65</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>65</u>	Oil-Bbls. <u>37</u>	Water-Bbls. <u>28</u>	Gas-MCF <u>68</u>

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

(Signature)

Staff Supervisor

(Title)

July 28, 1965

(Date)

NMOCC-5 USGS-2 LPT Atl Ros 2, Pan Am Hobbs
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 all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.