

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-1
Effective 1-1-65

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Address CONTINENTAL OIL Company
Box 460 Hobbs N.M. 88240

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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/21/74
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ELLIOTT B</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Blinchey OIL R-4835</u>	Kind of Lease State, <u>Federal</u> or Fee <u>LC-032573(6)</u>	Lease No.
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>EAST</u> Line of Section <u>6</u> Township <u>22-S</u> Range <u>37E</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>PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119 Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE AT THIS TIME</u>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>6</u>	Twp. <u>22</u>	Rge. <u>37</u>	Is gas actually connected? <u>NO</u>	When

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded <u>1-10-74</u>	Date Compl. Ready to Prod. <u>5-20-74</u>	Total Depth <u>6777</u>	P.B.T.D. <u>6720</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3447 GR</u>	Name of Producing Formation <u>Blinchey OIL</u>	Top Oil/Gas Pay	Tubing Depth <u>5878</u>					
Perforations <u>5768-5776, 5572-5579, 5524-5544</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>17 1/2</u>	CASING & TUBING SIZE <u>13 3/8</u>	DEPTH SET <u>510</u>	SACKS CEMENT <u>450</u>					
	<u>4 5/8</u>	<u>3897</u>	<u>400</u>					
	<u>7</u>	<u>6777</u>	<u>200</u>					
	<u>2 7/8</u>	<u>5878</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>5-21-74</u>	Date of Test <u>5-28-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 HRS</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>5</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>757M</u>

DRINKARD 2000 IN THIS WELL IS SHUT-IN PENDING DHC ORDER.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

A. Dilligian
(Signature)
Senior Staff Assistant
(Title)
5-30-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 13
BY [Signature]
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Amoco (5) 4565(2), 4574(4) 7.70