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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

**I. OPERATOR**

Operator: Continental Oil Company

Address: Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>To change well name from</u>
Change in Ownership <input type="checkbox"/>	Castinghead Gas <input type="checkbox"/>	<u>Shelly Oil Company, E.T. Johns</u>
	Dry Gas <input type="checkbox"/>	<u>Fed. No. 1 effective 5-1-68</u>
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Langlie Jack Unit</u>	Well No. <u>11</u>	Pool Name, including Formation <u>Langlie-Mattie's</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
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>21</u>	Township <u>24S</u>	Range <u>37E</u>	County <u>Lea</u>

**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 Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384, Dal., New Mexico 88252</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>21</u> Twp. <u>24S</u> Rge. <u>37E</u>	Is gas actually collected? <u>Yes</u> When <u>NA</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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE 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 top 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

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**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.

NMCC-5 Partners-13 file

Raent Gault (Signature)  
 Adm. Sec. Chief (Title)  
 May 1, 1968 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

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.

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

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

570  
1 to File  
Dined to table

Operator <u>Skelly Oil Company</u>			Lease <u>E. F. Johns</u>			Well No. <u>1</u>		
Location of Well	Unit	Sec	Twp	Rge	County			
	<u>L</u>	<u>21</u>		<u>27 F</u>	<u>Lea</u>			
Name of Reservoir or Pool			Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)		Choke Size	
Upper Compl	<u>Jalmat</u>			<u>Flow</u>	<u>Csg</u>		<u>2"</u>	
Lower Compl	<u>Langlie</u>			<u>Art Lift</u>	<u>Tbg</u>		<u>2"</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM March 25, 1968

Well opened at (hour, date): 9:30 AM March 26, 1968

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		<u>XX</u>
Pressure at beginning of test.....	<u>0</u>	<u>35</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>0</u>	<u>35</u>
Minimum pressure during test.....	<u>0</u>	<u>30</u>
Pressure at conclusion of test.....	<u>0</u>	<u>30</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>5</u>
Was pressure change an increase or a decrease?.....	<u>0</u>	<u>Decrease</u>

Well closed at (hour, date): 9:30 AM March 27-68 Total Time On Production 24 hrs

Oil Production \_\_\_\_\_ Gas Production \_\_\_\_\_

During Test: 2 bbls; Grav. 35°; During Test 17 MCF; GOR 8,500

Remarks \_\_\_\_\_

FLOW TEST NO. 2

Well opened at (hour, date): 9:30 AM March 28, 1968

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>XX</u>	
Pressure at beginning of test.....	<u>0</u>	<u>35</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>0</u>	<u>35</u>
Minimum pressure during test.....	<u>0</u>	<u>35</u>
Pressure at conclusion of test.....	<u>0</u>	<u>35</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>0</u>	<u>0</u>

Well closed at (hour, date) 9:30 AM March 29, 1968 Total time on Production 24 hours

Oil Production \_\_\_\_\_ Gas Production \_\_\_\_\_

During Test: \_\_\_\_\_ bbls; Grav. \_\_\_\_\_; During Test None MCF; GOR \_\_\_\_\_

Remarks Gas Side has puff. No flow recorded.

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved \_\_\_\_\_ 19 \_\_\_\_\_  
New Mexico Oil Conservation Commission

Operator Skelly Oil Company  
By Charles J. Love  
Charles J. Love  
Title District Engineer  
Date \_\_\_\_\_