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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HUBBARD AND NICHOLS O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAY 13 9 10 AM '68

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 ☐ Change in Transporter of: ☐ Other (Please explain) To correct well name from  
Recompletion ☐ Oil ☐ Sangle, Jack Unit No. 16  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ effective 5-1-68  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Jack A-21 Well No. 1 Pool Name, including Formation Jalmat Gas Kind of Lease Federal Lease No. \_\_\_\_\_  
Location  
Unit Letter: M ; 660 Feet From The South Line and 660 Feet From The West  
Line of Section 21 Township 24 S Range 37 E , NMPM, Lea County \_\_\_\_\_

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico 88252  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When Yes NO

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 Res'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 (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.  
Nmccc-5 Partners-13 File  
Robert Gault III  
(Signature)  
Adm. Sec. Chief  
(Title)  
May 19, 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.

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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  
 Continental Oil Company  
 Address  
 Box 460, Hobbs, New Mexico 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)  
 To change well name from Continental Oil Co., Jack A-21 No. 1 effective 5-1-68  
 If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name  
 Langlie Jack Unit 16  
 Well No.  
 Pool Name, including Formation  
 Jalmat shss  
 Kind of Lease  
 State, Federal or Fee  
 Federal  
 Lease No.  
 Location  
 Unit Letter  
 M  
 660  
 Feet From The  
 South  
 Line and  
 660  
 Feet From The  
 West  
 Line of Section  
 21  
 Township  
 24 S  
 Range  
 37 E  
 NMPM,  
 Lea  
 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil ☐ or Condensate ☐  
 Address (Give address to which approved copy of this form is to be sent)  
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
 El Paso Natural Gas Co.  
 Address (Give address to which approved copy of this form is to be sent)  
 Box 1384, Jal, New Mexico 88252  
 If well produces oil or liquids, give location of tanks.  
 Unit  
 Sec.  
 Twp.  
 Rge.  
 Is gas actually connected?  
 Yes  
 When  
 NA

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 Res'v. ☐ Diff. Res'v. ☐  
 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 (piston, back pw.)  
 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.  
 NMOC-5 Partners-14 File  
 Joe A. Buttz  
 Adm. Sec. Chief  
 May 1, 1968  
 OIL CONSERVATION COMMISSION  
 APPROVED  
 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.  
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