

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1104 C-104
Superseding Old C-104 and C-110
Effective 1-1-66
OFFICE O.C.C.
MAR 10 9 29 AM '66

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator Continental Oil Company	
Address P. O. Box 460, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>
Temporary Transporter	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jack B-26	Well No. 2	Pool Name, including Formation Blinebry	Kind of Lease Federal	Lease No. R-3056
Location Unit Letter F , 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 26 Township 24S Range 37E , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
McWood Corporation	2003 Wilco Bldg., Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	Sec. 26	Twp. 24	Rge. 37	Is gas actually connected? No	When Vented

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-28-64	Date Compl. Ready to Prod. 3-3-66		Total Depth 10,500		P.B.T.D. 6275			
Elevations (DF, RKB, RT, GR, etc.) 3211 DF	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5,192		Tubing Depth 2 3/8 5,249			
Perforations 5195, 5236, 5278, 5324, 5334, 5352, 5368, 5385, 5422, 5482, 5496, 5534, 5655, 5706 & 5795 W/ 1 JSPP (Top Tub @ 5840')					Depth Casing Shoe 4 1/2 @ 6,270			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8 48#		309		225 8x C1 C			
12 1/4	9 5/8 36#		3,543		775 8x C1 C			
6 3/4	4 1/2 csg		6,270		400 8x C1 C			
	2 3/8 SN @ 5,219		5,249					

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 3-6-66	Date of Test 3-6-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 175	Casing Pressure 900	Choke Size 22/64
Actual Prod. During Test 163	Oil - Bbls. 157	Water - Bbls. 6	Gas - MCF 258

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.

Therman Jones
(Signature)
Staff Supervisor
(Title)
March 9, 1966
(Date)

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

NMOCC-5, PAN AM HOBBS-3, ATL ROS -2 CAL MID-2 Separate Forms C-104 must be filed for each pool in multiply completed wells.
LPT.