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U.S.G.S.		
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-1
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)
THIS WELL HAS BEEN PLACED IN THE POOL
DETAILED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-3911
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>JACK B-27</u>	Well No. <u>3</u>	Pool Name, including Formation <u>JUSTIS BLINELY</u>	Kind of Lease <u>Fed.</u> State, Federal or Fee	Lease No. <u>AC 0323266</u>
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line of Section <u>27</u> Township <u>24-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 ☒ or Condensate ☐ <u>Shell Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, Midland, Texas</u>			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Gal. 77, Mex.</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>26</u>	Twp. <u>24</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: CTB-187

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Resv. ☐	Diff. Resv. ☐
Date Spudded <u>10-17-69</u>	Date Compl. Ready to Prod. <u>11-6-69</u>		Total Depth <u>5700</u>		P.B.T.D. <u>5661'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>3221' DF</u>	Name of Producing Formation <u>BLINELY</u>		Top Oil/Gas Pay <u>5449</u>		Tubing Depth <u>5628</u>			
Perforations <u>5449', 5451', 5453', 5468', 5470', 5472', 5610', 5636', 5642', 5644', + 5647'</u>					Depth Casing Shoe <u>5700</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 3/8</u>		<u>984</u>		<u>440</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>5700</u>		<u>510</u>			
	<u>2 3/8</u>		<u>5628</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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>11-1-69</u>	Date of Test <u>11-20-69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure _____	Casing Pressure _____	Choke Size <u>0 1/2</u>
Actual Prod. During Test	Oil - Bbls. <u>108</u>	Water - Bbls. <u>108</u>	Gas - MCF <u>T.S.T. M.</u>

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

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.

ADAM SECTION CHIEF
(Signature)
ADAM SECTION CHIEF
(Title)
11-24-69
(Date)
NM000-5

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1969, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT

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.