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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Continental Oil Company
 Address Box 26, 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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name LAUGHLIN MATTIX Well No. Pool Name, including Formation
 Kind of Lease State, Federal or Fee Lease No. _____
 Location
 Unit Letter: F ; 1900 Feet From The NORTH Line and 1900 Feet From The WEST
 Line of Section 26 Township 23-S Range 36-E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent)
Midland Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Address (Give address to which approved copy of this form is to be sent)
Odessa Texas
 If well produces oil or liquids, give location of tanks. Unit M Sec. 23 Twp. 23 Rge. 36
 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 as Test Full Depth
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (D.F., P.S., RT, GR) _____ Name of Production Formation _____ Top Oil/Gas Pay _____ Testing Depth _____
 Perforations _____ Depth Casing Shoe _____
 HOLE SIZE _____
 CEMENTING RECORD
 DEPTH SET _____ SACKS CEMENT _____

ILLEGIBLE

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 _____

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.
Ralph Farnley
 (Signature)
Administrative Supervisor
 (Title)
3-14-75
 (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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

11/22/75 11/24/75 file