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| 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-110
Effective 1-1-65

I. Operator
Continental Oil Company

Address:
P. O. Box 400, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

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 Lynn B-1 | Well No. Pool Name, including Formation 11 Langlie Mattix Pool, Queen | Kind of Lease Federal |
| Location Unit Letter K ; 100 Feet From The South Line and 100 Feet From The West Line of Section 20 , Township 23-S Range 20-W , 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"/> Texas New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent) Box 191, Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) 7th Floor, Phillips Bldg., Dallas, Tex. |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | 6 20 23-S 20-W Yes 2-05 |

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 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 Restv. <input type="checkbox"/> | Diff. Restv. <input type="checkbox"/> |
| Date Spudded 1-21-65 | Date Compl. Ready to Prod. 2-1-65 | Total Depth 3725 | F.R.T.D. | | | | | |
| Pool Langlie Mattix | Name of Producing Formation Queen | Top Oil/Gas Pay 3500 | Taking Depth 3550 | | | | | |
| Perforations 3503, 3503, 3504, 3502, 3571, 3500, 3500, 3503, 3530, 3537, 3505, 3505 | | | | | | Depth Casing Shoe 4 1/2" @ 3725 | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 11" 6 3/4" | CASING & TUBING SIZE 7 5/8" 4 1/2" 2 3/8" | DEPTH SET 3725 3725 3500 | SACKS CEMENT 250 cire 225 | | | | | |

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 2-10-65 | Date of Test 2-10-65 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs. | Tubing Pressure 1000 | Casing Pressure 350 | Choke Size 30/64 |
| Actual Prod. During Test 25 | Oil-Bbls. 25 | Water-Bbls. 0 | Gas-MCF 225 |

GAS WELL

| | | | |
|-------------------------|----------------|----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Test Pressure | | Casing Pressure | Choke Size |

VI.

ILLEGIBLE

Conservation Commission given _____ and belief.

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY *John C. Ramsey*
TITLE _____

SIGNED: ROBERT GAULT III

(Signature)
Staff Supervisor
(Title)
February 10, 1965
(Date)

MINCO-5, 510 J. Pan A. Hobbs-1, At 10. 1
Call 1-814-2

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 Sections I, II, III, and VI only 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.