

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

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

I. OPERATOR

Operator CONTINENTAL OIL COMPANY

Address Box 460, Hobbs, New Mexico, 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Temporary Oil Transporter pending completion of permanent facilities.	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Change in lease name. Formerly	
		Dry Gas	<input type="checkbox"/>	Langlie Lynn Queen Unit Btry 3	
		Condensate	<input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Langlie Lynn Queen Unit</u>	<u>7</u>	<u>Langlie matrix 7RURS</u>	State, Federal or Fee	
Location				
Unit Letter	<u>M</u>	<u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>		
Line of Section	<u>23</u>	Township <u>23S</u>	Range <u>36E</u>	County <u>Lea</u>

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)					
<u>Reconia Corporation</u>	<u>Box 3119, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Petroleum Co</u>	<u>9th Floor, Phillips Bldg., Odessa, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>M</u>	<u>23</u>	<u>23</u>	<u>36</u>	<u>Yes</u>	<u>NA</u>

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't.	Diff. Res't.
<input checked="" type="checkbox"/>								
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.

A. Pullen
 (Signature)
Senior Staff Assistant
 (Title)
4-9-74
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Joe D. Ramey
 (Signature)
 Dist. I, Supv.

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 completion.

Separate Forms C-104 must be filed for each pool in multiple completion.

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COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

U.S.G.O.

LAND OFFICE

TRANSPORTER OIL
 GAS

OPERATOR

REGISTRATION OFFICE

I. Continental Oil Co.

P. O. Box 460 Hobbs

Season for filing (check proper box)

Change in Transporter of:
 Oil Dry Gas
 Gas in other forms Condensate

Other (Please explain)
Well Redesignation
Formerly Sinclair # 2146

If change of ownership give name and address of previous owner: Albert Dackle

II. DESCRIPTION OF WELL AND LEASE

Well No. <u>7</u>	Pool Name, Including Formation <u>Langlee Young Open Unit</u>	Kind of Lease State, <u>_____</u>
<u>N 66.0</u>	East From The <u>South</u> Line and <u>1980</u>	Feet From The <u>West</u>
<u>23</u>	Block <u>23-5</u>	Range <u>36-E</u> T.M.P.M. <u>Sea</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Texas New Mexico Pipeline Co.</u>	Box <u>1510</u> <u>Midland Texas</u>
<u>Calchem Chemical Corp.</u>	Box <u>1503</u> <u>Trenton Texas</u>
Unit <u>1</u> Sec. <u>23</u> Twp. <u>23</u> Rge. <u>36</u>	Is gas actually connected? <u>Yes</u> When <u>7-25-61</u>

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 Depth	Diff. Depth
Date Compl. Ready to Prod.	Total Depth		F.B.T.D.					
Name of Producing Formation	Top Oil/Gas Dry		Tubing Length					
		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)

Producing Method (Flow, pump, gas lift, etc.)	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual F.L. Perfor. Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure	Casing Pressure	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.

M.E. Pennington
 (Signature)
Adm. Supervisor
 (Title)
4-24-73
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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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.

NMCC 5, Partners 5, File

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 DISTRIBUTION
 SANTA FE _____
 FILE _____
 U.S.G.S. _____
 LAND OFFICE _____
 TRANSPORTER OIL _____
 GAS _____
 OPERATOR _____
 PRODUCTION OFFICE _____

I.
 Continental Oil Co.
 P.O. Box 460 Hobbs
 Reason for filing (Check proper box)
 New Well Change in Transporter of
 Change in Pool Name Dry Gas
 Change in Lease Change in Operator Condensate
 Other (Please explain) *Well Redesignation Formerly Sinclair A State 6*
 If change of ownership give name and address of previous owner *Albert Dackle*

II. DESCRIPTION OF WELL AND LEASE

Well No. <i>7</i>	Pool Name, Including Permission <i>Tangle Lynn Queen Unit</i>	Kind of Lease <i>Lease</i>
State <i>Lease</i>	Location <i>N 460</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>West</i>	
Section <i>23</i>	Township <i>23-S</i>	Range <i>36-E</i> T.M.S.M. <i>Lea</i> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
<i>Texas New Mexico Pipeline Co.</i>	<i>Box 1510 Midland Texas</i>
Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Arbuckle Chemical Corp.</i>	<i>Box 1503 Houston Texas</i>
How well is connected? <i>1</i> <i>23</i> <i>33</i> <i>36</i>	Is gas actually connected? <i>Yes</i> When <i>7-25-61</i>

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 Well, Diff. Restv.	Diff. Restv.
<input checked="" type="checkbox"/> Completed								
Date Completed	Date Started		Depth	Producing Method		Remarks		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUEING 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)

Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Wellhead Pressure	Tubing Pressure	Casing Pressure
Water-Foils	Oil-Foils	Water-Foils
Gas-Foils	Oil-Foils	Water-Foils

GAS WELL

Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Wellhead Pressure	Tubing Pressure	Casing Pressure
Water-Foils	Oil-Foils	Water-Foils
Gas-Foils	Oil-Foils	Water-Foils

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.

M.E. Speakeley
 (Signature)
 Adm. Supervisor
 (Title)
 3-1-73
 (Date)
 N. M. O. C. C. S. P. 5. 516

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY *John S. Hays*
 (Signature)
 TITLE _____

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