

DISTRIBUTION
SANTA FE
FILE
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-110
Effective 1-1-65

I. **CONTINENTAL OIL CO**
P.O. Box 460 HOBBS
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Oil ☐ Gas ☐ Dry Gas ☐
Consolidated Gas ☐ Condensate ☐
Other (Please explain) *well redesignation*
Formerly, State JK NO. 7
If change of ownership give name and address of previous owner *Shell Oil Co.*

II. **DESCRIPTION OF WELL AND LEASE**
Well No. *2* Pool Name, including Formation *Langley Martin Seven River* Kind of Lease *State*
Langley Lynn Quinn Unit
Section 2
Feet From The *1* *4980* Feet From The *SOUTH* Line and *660* Feet From The *EAST*
Section *22* Township *23-S* Range *36-E* N.M.P.M. *La* County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) *P.O. 1510 Midland Texas*
Transporter of Gas ☐ or Dry Gas ☐
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) *9th Floor Phillips Bldg. Oklahoma City*
Is gas actually connected? *yes* When *4-19-1960*
Unit *0* Sec. *22* Twp. *23* Rng. *36*

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. ☐
Date Casing Ready to Flow
Total Depth
P.B.T.D.
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
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
Tubing Pressure
Casing Pressure
Choke Size
Actual First Flowing Test
Oil - Bbls.
Water - Bbls.
Gas - MCF

GAS WELL

Actual First Flow - MCF/D
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. Vukobratovic
(Signature)
Adm. Supervisor
(Title)
4-24-73
(Date)

NMCCC 5, Pattern 5, File

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.