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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center"><small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small></p>		
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water Injection</u>	7. Unit Agreement Name	<u>Longlie Lynn</u>
2. Name of Operator	8. Farm or Lease Name	<u>Longlie Lynn Unit</u>
3. Address of Operator	9. Well No.	<u>3</u>
4. Location of Well	10. Field and Pool, or Wildcat	<u>Sec 23 T 23S R 36E</u>
UNIT LETTER <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>23S</u> RANGE <u>36E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
<u>3380' df</u>	<u>Yea</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Converting to inj</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Pulled producing equipment from well. Cleaned out from 3714' - 3760'. Ran packer on 2 3/8" plastic-lined tubing and set @ 3492' w/ 10 pts tension.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Admin. Supervisor DATE 9-18-73

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITION OF APPROVAL, IF ANY:

NMOC-4 File Longlie Lynn Pastoral (8)

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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name <i>Longlie Lynn</i>
8. Farm or Lease Name <i>Longlie Lynn Unit</i>
9. Well No. <i>31</i> State <i>34</i>
10. Field and Pool, or Wildcat <i>Longlie Mexico 7-River</i>
12. County <i>Lea</i>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <i>Continental Oil Company</i>
3. Address of Operator <i>P. O. Box 460, Hobbs, NM 88240</i>
4. Location of Well UNIT LETTER <i>L</i> <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>660</i> FEET FROM THE <i>West</i> LINE, SECTION <i>23</i> TOWNSHIP <i>23S</i> RANGE <i>36E</i> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <i>3380' df</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <i>Convert to inj</i> <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

*Pull producing equip from well. Run plastic lined tubing w/ packer set @ ± 3480' and place on injection.*

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Thy Dwyer* TITLE *Sr. Analyst* DATE *5-18-73*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-4 FILE *L. Lynn Unit (7)*

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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.  
Address P.O. Box 460 Hobbs  
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) Well Redesignation  
Formerly Limestone A Block No. 3  
If change of ownership give name and address of previous owner Albert Gaskle

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Tangle Spring River Unit</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Tangle Mattie Seven Rivers</u>	Kind of Lease State, <del>Federal</del> or <del>Fee</del>
Section <u>23</u>	Range <u>36-E</u>	Township <u>T-23 S</u>	County <u>Lea</u>
That Letter <u>L</u> ; <u>1980</u> Feet from The <u>South</u> Line and <u>660</u> Feet from The <u>West</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"/> <u>Tangle Spring River Unit Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 Hobbs, Lea</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Albert Gaskle, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1503 Hobbs, Lea</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>J</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 Reat'y.	Diff. Reat'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Test	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 Flow Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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. Gaskle  
(Signature)  
Adm. Supervisor  
(Title)  
4-24-73  
(Date)

NMCCC 5, Partners 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.