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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:
Transportation ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Well Redesignation
Formerly Section A State NO. 3
If change of ownership give name and address of previous owner Albert Hackle

II. DESCRIPTION OF WELL AND LEASE
Lease Name Tangle Lynn Queen Unit Well No. 3 Pool Name, Including Formation Tangle Mattie Seven Rivers Kind of Lease State, Federal or Private
Location Unit Letter L 1980 Feet From The South Line and 660 Feet From The West
Line of Section 23 Township T-23 S Range 36-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil Tangle Lynn Queen Unit Co. Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland Texas
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Box 1503 Houston Texas
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
J 23 23 36 yes 7-25-61

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Ren'v. Diff. Ren'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
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 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. Hackle (Signature)
Adm. Supervisor (Title)
3-1-73 (Date)
N.M.O.C.C. 5, Pgs 5, 7 & 6
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 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.

COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO		FORM C-110 (Rev. 7-60)	
OFFICE		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE			
OPERATION OFFICE					
OPERATOR					
Company or Operator		Lease		Well No.	
ALBERT GACKLE, OPERATOR		Sinclair State		3	
Unit Letter	Section	Township	Range	County	
L	23	23S	36E	Lea	
Pool			Kind of Lease (State, Fed Fee)		
Langlie Mattix			State		
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range
		J	23	23S	36E
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)		
Texas-New Mexico Pipeline Co.			Texas-New Mexico Pipe Line Corp. Box 1510 Midland, Texas		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)		
United Carbon Co.		7-25-61	United Carbon Co., Box 158 Rosita, New Mexico		
If gas is not being sold, give reasons and also explain its present disposition:					
REASON(S) FOR FILING (please check proper box)					
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/>					
Change in Transporter (check one)					
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>					
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>					
Remarks					
Date first connected August 25, 1961					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the 28 th day of September, 1961.					
OIL CONSERVATION COMMISSION			By		
Approved by			R. J. Montgomery		
Title			Agent		
Date			Company		
			Albert Gackle, Operator		
			Address		
			Box 2076 Hobbs, N. M.		