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 FILE
 USUAL
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMM.
 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
 (For filing of back proper box)
 Change in Transporter of:
 Oil ☐ Dry Gas ☐
 Condensate Gas ☐ Condensate ☐
 Other (Please explain) Well Redesignation
Formerly Lincoln A-144 NO. 4
 If change of ownership give name and address of previous owner Albert Gachile

II. DESCRIPTION OF WELL AND LEASE
 Well No. 5 Pool Name, Including Formation Jangle Lynn Queen Unit
 Kind of Lease Lease
 State N.M.
 Section 1 Township 23 Range 36-E Meridian Lea
 Feet from The South Line and 1980 Feet from The EAST

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Transporter of Oil ☒ or Condensate ☐
 Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co. Box 1510 Midland Texas
 Transporter of Condensate Gas ☐ or Dry Gas ☐
 Address (Give address to which approved copy of this form is to be sent)
Acadland Chemical Corp. Box 1503 Houston Texas
 Is gas actually connected? Yes When 7-25-61

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	Flow Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Compl. Ready to Prod.	Total Depth		F.R.T.D.					
Name of Production Formation	Top Oil/Gas Pay		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.)
 Tubing Pressure Casing Pressure Choke Size
 Water-Bbls. Gas-MCF

GAS WELL
 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. Yorkley
 Adm. Supervisor
 4-24-73
 NMOCC 5, Part 5, File 5
 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.