

I

Continental oil Co.

P. O. Box. 460 Hobbs

2000-01 for filing (check proper box)

Other (Please explain) _____

Pressure	<input type="checkbox"/>	Change in Temperature of:	
Temperature	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Temperature, separator	<input checked="" type="checkbox"/>	Condensate	<input type="checkbox"/>

well Redesignation

Formerly Sinclair A State NO. 4

If change of ownership give name and address of previous owner Albert Gacke

II. DESCRIPTION OF WELL AND LEASE

Tanglee Lynn Queen Unit		5	Tanglee Mattie Swan River		Kind of Lease State, Florida
1	1980	South	1980	Feet From The	EAST
23	33-5	36-F	MEMA	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Texas new mexico pipeline Co. 1000 West 10th Street Oklahoma City, Oklahoma				Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland Texas			
Ashland Chemical Corp. 1000 West 10th Street Oklahoma City, Oklahoma				Address (Give address to which approved copy of this form is to be sent) Box 1503 Houston Texas			
Is gas actually connected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				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)		Flow Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well	Diff. Well
Well No.	Date Completed	Total Depth		Total Depth		Remarks			
Well No.	Date of Completion	Top of Gas Pay		Top of Gas Pay		Remarks			
Well No.	Date of Completion	Length Casing Shoe		Length Casing Shoe		Remarks			
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)

Rate and How - If from To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Pressure at Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Condensate Weight (MMCF)	Length of Test	BNs, Condensate/MMCF	Gravity of Condensate
Test No. 1 (pilot, 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 Yeakley
(Signature)

Adm. Supervisor
(Title)

3-1-73
(Date)

n. mocc 5, pte 5, Fib

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____ Joe D. [unclear]
TITLE _____ Dist. 1, [unclear]

TITLE _____ Dist. 1, S. _____

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.