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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL
GAS

OPERATOR

PROPRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISS.

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. NAME:

Continental oil co.

Address:

P.O. Box 460 Hobbs

Reason for filing (Check proper box)

Change in Transporter of Oil ☐ Other (Please explain) *Well redesignation*

Change in Transporter of Gas ☐ *Formerly Sinclair A State 7*

Change in Ownership ☒

If change of ownership give name and address of previous owner *Albert Gaskle*

II. DESCRIPTION OF WELL AND LEASE

Well No. *6* Pool Name, Including Formation *Jangle Lynn Queen Unit* Kind of Lease *Lease*

Section *0* : *660* Feet From The *South* Line and *1980* Feet From The *East*

Range *23* Township *23-5* Range *36-E* , *18N04* , *Lea* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil ☒ 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 Gas ☐ Address (Give address to which approved copy of this form is to be sent) *Rockland Chemical Corp. Box 1503 Houston Texas*

Unit *1* Sec. *33* Twp. *23* Rge. *36* 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 ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty. ☐

DATE YEAR MONTH DAY

DATE YEAR MONTH DAY

DATE YEAR MONTH DAY

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

Flowing Method (Flow, pump, gas lift, etc.)

Tubing Pressure Casing Pressure Choke Size

Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Flowing Method (Flow, pump, gas lift, etc.)

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. Haskley
(Signature)
Adm. Supervisor
(Title)
3-1-73
(Date)
M. M. D. C. C. 5, File, Plus 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 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.