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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. **Transporter**
Continental oil co.
P.O. Box 460 Hobbs
Reason(s) for filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Other (Please explain) well redesignation
☐ Commingling ☐ Casinghead Gas ☐ Condensate ☒ Change in ownership ☒ Formerly State J/K No. 3
If change of ownership give name and address of previous owner Shell oil co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<u>Lamie Lynn Queen Unit</u>	<u>9</u>	<u>Lamie Mathis Seven Rivers</u>	State, Federal or Pool
Well Letter <u>P</u> : <u>660</u> Feet from The <u>South</u> Line and <u>330</u> Feet from The <u>East</u>			
Range <u>22</u> , Township <u>23-5</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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)					
<u>Texas New Mexico Pipeline Co.</u>	<u>Box 1510 Midland Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Petroleum Co.</u>	<u>9th Floor Phillips Bldg. Odessa Texas</u>					
If well produces oil or liquids, give number of tanks	Unit	Sec.	Twp.	Age	Is gas actually connected?	When
	<u>0</u>	<u>22</u>	<u>B</u>	<u>36</u>	<u>yes</u>	<u>4-19-1960</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 Res'v.	Diff. Res'v.
Date Spudded	Date Comm. Ready to Prod.	Total Depth				P.B.T.D.			
Name of Formation		Top Oil/Gas Pay				Tubing Depth			
Depth of Formation		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
Producing Method (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)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Orin S. Smith
Gen. Mgr.
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.