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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. Operator  
Conoco Inc.  
Address  
P.O. Box 460, Hobbs, New Mexico 38240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change of corporate name from  
Continental Oil Company effective  
July 1, 1979.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie Lynn Unit	Well No. 8	Pool Name, Including Formation Langlie Mattix Trvs. Queen	Kind of Lease State, Federal or Fee	Lease No. B-1506
Location Unit Letter M 660 Feet From The S Line and 660 Feet From The W Line of Section 23 Township 23-5 Range 36-E, NMPM, Lea 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"/> Texas-New Mexico Pipeline Co	Address (Give address to which approved copy of this form is to be sent) Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE February 1, 1982
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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 Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

  
(Signature)

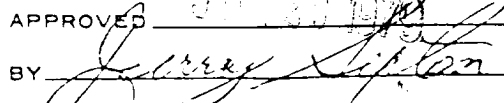
Division Manager

(Title)

6/12/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19  
BY  
TITLE District Supervisor

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.

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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. Operator  
Continental Oil Company  
Address  
P.O. Box 11444, N.M. 87240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LANGLIE MATTHEW</u>	Well No. <u>8</u>	Pool Name, including Formation <u>LANGLIE MATTHEW</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>M</u> , <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>23</u> Township <u>23-S</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"/> <u>TEXAS COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>MILITARY TEXAS</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Princo Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>ADAMS TEXAS</u>		
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>23</u> Twp. <u>23</u> Rge. <u>36</u>	Is gas actually connected? <u>YES</u>	When <u>NA</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETE DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Other Restr.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations - <u>AS</u> , <u>RT</u> , <u>GR</u> , etc.	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Ralph Farley  
(Signature)  
Administrative Supervisor  
(Title)  
3-18-75  
(Date)

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.

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

DISTRIBUTION	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

1. Operator CONTINENTAL OIL Company  
Address Box 460, Hobbs, New Mexico, 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
TEMPORARY OIL TRANSPORTER pending  
COMPLETION OF PERMANENT FACILITIES.  
CHANGE IN LEASE NAME. FORMERLY  
Langlie Lynn Queen Unit Btry 3  
If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Langlie Lynn Queen Unit</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Langlie matrix 7RURS</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>23S</u> Range <u>36E</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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, TEXAS 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>9th Floor, Phillips Bldg, Odessa, TEXAS</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>23</u>	Twp. <u>23</u>	Rge. <u>36</u>
	Is gas actually connected?		When <u>yes</u> <u>NA</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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.,)	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 (Shut-in)	Casing Pressure (Shut-in)	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.

B. D. Miller  
(Signature)  
Senior Staff Assistant  
(Title)  
4-9-74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Joe D. Ramey  
Orig. Signed by  
Dist. 1. Supv.

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.

NUMBER (5) INCHES 51 412

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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. OWNER**  
Continental oil co.  
P. O. Box 460 Hobbs  
Please check for filing (check proper box)  
Transporter ☐ Change in Transporter of:  
Oil ☐ Dry Gas ☐ Other (Please explain) Well redesignation  
Consolidated Gas ☐ Condensate ☐ Formally disclaim a state no. 8  
If change of ownership give name and address of previous owner Albert Backile

**II. DESCRIPTION OF WELL AND LEASE**  
Well No. 3 Pool Name, Including Formation Janglee Mattox Sugar River Kind of Lease State, Federal or  
Janglee Lynn Owen Unit  
Section 3  
Location N 1660 Feet from the South Line and 660 Feet from the West  
Range 23 Township 23-S Range 36-E NEML Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Transporter Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland Texas  
Consolidated Gas ☐ Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Box 1503 Houston Texas  
Unit 1 In. 23 In. 23 In. 36 In. 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 Borehole ☐ Different Borehole  
Date Completed \_\_\_\_\_ Date Original Permit to Drill \_\_\_\_\_ Total Depth \_\_\_\_\_ F.B.T.D. \_\_\_\_\_  
Name of Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Length \_\_\_\_\_  
Depth to Bottom of Hole \_\_\_\_\_  
**TUBING, CASING, AND CEMENTING RECORD**  
HOLE SIZE \_\_\_\_\_ CASING & TUBING SIZE \_\_\_\_\_ DEPTH SET \_\_\_\_\_ SACKS CEMENT \_\_\_\_\_

**V. TEST DATA AND REQUEST FOR ALLOWABLE** (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)  
**OIL WELL**  
Time 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. To F.B.T.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 Huxley (Signature)  
Adm. Division (Title)  
4-24-73 (Date)  
NMCCC 5, Part 5, File  
**OIL CONSERVATION COMMISSION**  
APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
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Separate Forms C-104 must be filed for each pool in multiply completed wells.

ALL INFORMATION RECEIVED  
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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. NAME  
Continental Oil Co.  
Address  
P. O. Box 460 Hobbs  
Reasons for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐  
Transportation ☐ Oil ☐ Dry Gas ☐  
Transportation ☒ Condensate ☐  
Other (Please explain)  
Well redesignation  
Formerly Sinclair A State NO. 8  
If change of ownership give name and address of previous owner Albert Gachle

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Tangle Lynn Queen Unit Well No. 8 Pool Name, Including Formation Tangle Martin Lower River Kind of Lease State, Federal  
Section N 460 Feet from The South Line and 660 Feet From The West  
Range 23 Township 23-5 Range 36-E NEPA Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Approved Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent)  
Box 1510 Midland Texas  
Name of Approved Transporter of Gas (Dry Gas) ☒ or Dry Gas ☐  
Asphalt Chemical Corp. Address (Give address to which approved copy of this form is to be sent)  
Box 1503 Houston Texas  
If oil or gas or liquids, use of other lines 1 23 23 36 yes 7-25-61  
Is gas actually connected? When

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)  
Hole Size Casing & Tubing Size Depth Set Sacks Cement  
Tubing, Casing, and Cementing Record

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)  
Flow Rate (Flow to Tank) Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Fracturing Test Oil-Bbls. Water-Bbls. Gas-MCF  
GAS WELL  
Actual Fracturing Test Oil-Bbls. 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. Hachley (Signature)  
Adm. Supervisor (Title)  
3-1-73 (Date)  
M. N. O. C. L. 5, 1st 5, 7th  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY J. D. Roney  
TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
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