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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

Operator  
**CONTINENTAL OIL COMPANY**  
Address  
**Box 460, HOBBS, NEW MEXICO 88240**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☐  
Recompletion ☐ Casinghead Gas ☐  
Change in Ownership ☐  
Other (Please explain)  
**LEASE & WELL REDESIGNATION  
EFFECTIVE 2-1-69  
FORMERLY: LYNN A-27 NO. 2**

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE  
Lease Name **LYNN "A"** Lease No. **LC0301390** Well No. **3** Pool Name, Including Formation **JALMAT-YATES-SEVEN RIVERS** Kind of Lease **FEDERAL**  
Location  
Unit Letter **E** **2310** Feet From The **NORTH** Line and **330** Feet From The **WEST**  
Line of Section **27** Township **23 S** Range **36 E** , N.M.P.M. **LEA** County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**SHELL PIPELINE CORP.** Address (Give address to which approved copy of this form is to be sent)  
**Box 1910 MIDLAND, TEXAS**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**EL PASO NATURAL GAS CO.** Address (Give address to which approved copy of this form is to be sent)  
**JAL, NEW MEXICO**  
If well produces oil or liquids, give location of tanks. Unit **H** Sec. **28** Twp. **23 S** Rge. **36 E** Is gas actually connected? **YES** When **N/A**

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

3. COMPLETION DATA  
Designate Type of Completion - (X)  
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

4. 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

5. GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

6. 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. Grakley**  
**Administrative Section Chief**  
**January 16, 1969**  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **John W. Runyan**  
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.  
**NMOCC-5. Packer Hall-2, all-Ran-2, Chev-Mid-2, FILE**