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U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (please explain) LEASE & WELL REDESIGNATION
FORMERLY: LYNN A-28 NO. 6
EFFECTIVE 2-1-64

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Lease Name LYNN A Lease No. LC 030189A Well No. 4 Pool Name, including Formation JALPAT-YATES-SEVEN RIVERS Kind of Lease FEDERAL
Location E 1930' Feet From The NORTH Line and 660' Feet From The FEL
Line of Section 28 Township 23 S Range 36 E JALPAT LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
SHELL PIPE LINE 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
It well produced oil or liquids, give location of tanks. Unit H Sec. 28 Twp. 23 S Rge. 36 E Is gas actually recompleted? YES When N/A

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

VI. COMPLETION DATA
Designate Type of Completion - (X)
Date Studied _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (H, 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 (Pick, 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 _____ 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
Administrative Section Chief
January 16, 1969
114005 P. C. 111-2-28-64-2 Chas. 710-2 FIVE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
TITLE Secretary

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.