

1.

Report of

CONTINENTAL OIL Co.

P.O. Box 460 HOBBS

Reasons for filing (Check proper box)

New Well ☐ Change in Temperature of: ☐

Existing well ☐ Oil ☐ Dry Gas ☐

Change in water level ☐ Production per acre ☐ Condensate ☐

Other (Please explain)

Well Redesignation

Formerly known as B-1 No 6

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

## II. DESCRIPTION OF WELL AND LEASE

Langlie Lynn Queen Unit 12 Langlie Mathis Live River ~~State~~, Federal or ~~State~~

Tract Center D 660 Feet From The north Line and 660 Feet From The West

Line 1 to 26 Township 23-5 Range 36-E N.M.M. Yes County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Applicant (Print name of person or company) <i>Texas New Mexico Pipeline Co.</i>						Address (Give address to which approved copy of this form is to be sent) <i>Box 1510 Midland, Texas</i>	
Type of Service (Check one) <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Both Natural Gas and Propane Gas						Address (Give address to which approved copy of this form is to be sent) <i>9<sup>th</sup> Floor Phillips Bldg. Odessa, Texas</i>	
Name of Supplier (Print name of company) <i>Phillips Petroleum Co.</i>						Is gas actually connected? When? <i>yes                      10-24-63</i>	
City <i>C</i>		State <i>TX</i>		Zip <i>79601</i>			

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

#### IV. COMPLETION DATA

[illegible]

## 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)

Oil Well			
No. and Name of Well To Tanks	Date of Test	Producing Method ( <i>Flow, pump, gas lift, etc.</i> )	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL.

Aspirator Inlet (10-15 mm ID)	Length of Line	Reln. Condensate/255.4	Gravity of Condensate
Tested No. 1 (pitot, 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.

## 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.

n.m.o.c.c. 5, Pt 5, Fib