

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONTINENTAL OIL Co.

P.O. Box 460 HOBBS

Reason: 1 for filing (check proper box)

Other (Please explain)

well Resignation

Formerly Lynn B-1 No. 9

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

II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Tanglee Lynne Queen Unit Bottle 1		14	Tanglee Mattix Seven River	State , Federal or Lease
Section	B	Foot From The	north	Line and
	660		1980	Feet From The
	26	Corner	23-5	Range
			36-E	, Tanglee, Lea
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSFEROR OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Type new motor vehicle <input checked="" type="checkbox"/> or <input type="checkbox"/> Transfer from motor vehicle of Gasoline <input checked="" type="checkbox"/> or Liquefied Gas <input type="checkbox"/>					Box 1510 Midland Texas	
Phillips Petroleum Co.					Address (Give address to which approved copy of this form is to be sent)	
That _____ Do. _____ Tw. _____ Pgs. _____					9th Floor Phillips Bldg. Odessa, Texas	
Is gas actually connected? <input checked="" type="checkbox"/> When _____					yes 10-24-63	

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

IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	Flow Well	Workover	Deepen	Plug Back	Same Reelv.	Diff. Reelv.
Perforated		Date Compl. Ready to Prod.			Total Depth		F.B.T.D.		
					Z/Gas Pay		Tubing Depth		
							Depth Casing Shoe		
<div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">ILLEGIBLE</div>									
HOLE SIZE					SETTING RECORD				
					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.)

OIL WELL			
Date and Flow Oil Ran To Tanks	Date of Test	Producing Method (<i>Flow, pump, gas lift, etc.</i>)	
Location of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Well Name	Length of Test	Bbls. Condensate/MACF	Gravity of Condensate
Test No. (Date, Location, 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. Buckley

Administrative Supervisor

2-1-73
4-24-73
Date

ALMA 5 - Porters 5 File

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 allowance 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.