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|---|--|--|--|
| CORPORATION OFFICE CONTINENTAL OIL CO. P.O. Box 460 HOBBS | | Reason for filing (Check proper box) Change in transportation of oil <input type="checkbox"/> Change in oil <input type="checkbox"/> Change in oil <input type="checkbox"/> | Other (Please explain) Well Redesignation Form No. 8-1 No. 9 |
|---|--|--|--|

It change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

DEED RETURN OF OIL AND GAS LEASE

| Well No. | Pool Name, Including Formation | Kind of Lease |
|----------|--------------------------------|---|
| 14 | Tanglee Mattix Seven Rivers | State , Federal or town |

Tract or Lots 8 660 Feet From The north Line and 1980 Feet From The East

Section 26 Township 23-S Range 36-E , 15NEM , Tea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | |
|---|------------------|-------------------|----------------------|---|--|
| Name of company or institution <input checked="" type="checkbox"/> or individual <input type="checkbox"/> <u>Texas New Mexico Pipeline Co.</u> | | | | Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u> | |
| Name of the nearest transmitter of commercial radio <input checked="" type="checkbox"/> or TV station <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> | |
| Time of day, in 24 hours, when the test is made. | Unit <u>C</u> | Vol. <u>26</u> | Temp. <u>23-5</u> | Freq. <u>36-C</u> | Is gas actually connected? <u>yes</u> |
| | | | | When <u>10-24-63</u> | |

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 | | | |
|-----------------------------------|-----------------|---|------------|
| Location (Flow, Oil Run To Tanks) | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Location of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Flow During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|------------------------------|-----------------|-----------------------|-----------------------|
| Water = 4.2 to 10 MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Test No. 1 (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. Peckley
(Signature)

Administrative Supervisor
(Title)

3-1-73

(1) *Inter*

n.m.o.c.c. 5, Pts 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 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.