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| 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 | |
| DISTRIBUTION | |
| NANTALE | |
| FILE | |
| USUALS | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| GAS | |
| OPERATOR | |
| PRODUCTION 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

I. CONTINENTAL OIL CO.
P.O. Box 460 HOBBS
Reasons for filing (Check proper box)
Change in Transporter of:
Oil ☐ Dry Gas ☐
Transporter of Gas ☐ Condensate ☐
Other (Please explain)
Well Redesignation
Formerly Lynn B-1 No. 5
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | |
|---------------|------|--------------------------------|--------------------------|---------------|---------------------------|------|--------|-----|
| Well No. | 13 | Pool Name, including Formation | Lynne Martin Lower River | Kind of Lease | State, Federal or Foreign | | | |
| Section | C | 660 | Feet From The north | Line and | 1980 | | | |
| Feet From The | West | 26 | Township | 23-5 | Range | 36-E | County | Lea |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas New Mexico Pipeline Co. | Box 1516 Midland, Texas |
| Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Co. | 9th Floor Phillips Bldg. Odessa, Texas |
| Is gas actually connected? | 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

| | | | | | | | | |
|--------------------------------------|----------------------------|----------|---------------------|---------------|--------------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Flow Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'ty. | Diff. Res'ty. |
| Date of Completion | Date of Completion to Date | | Total Depth | Feet to Top | | | | |
| Name of Landowner | Name of Landowner | | Top Oil/Gas Pay | Tubing Length | | | | |
| Depth of Completion | Depth of Completion | | Depth of Completion | | | | | |
| 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 Flow Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Average Oil During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Average Gas Test - MCF | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (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.

M. E. Herlihy
Administrative Supervisor
(Signature)
(Title)

3-1-73
(Date)

M. M. O. C. C. 5, Pgs 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.