| | NO. OF COPIES RECEIVED | 1 | | | |
|------|--|--|--|--|--|
| | SANTA FE | i and the second of the second | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 | |
| | FILE | -: -1 | AND | Effective 1-1-65 | |
| | U.S.G.S. | AUTHORIZATION TO TRA | INSPORT OIL AND NATURAL | | |
| | IRANSPORTER | | | | |
| | OPERATOR GAS | 4 | | | |
| I. | PRORATION OFFICE | | | | |
| | Continental Oil Company Address | | | | |
| | P. O. Box 460, Hobbs, New Mexico Reason(s) for filing (Check proper box) Omer of living explain) | | | | |
| | New Well Drop initials from lease name to | | | | |
| | Recompletion Cil Dry Gas conform with NMOCC regulations. Change in Ownership Casinghead Gas Condensate | | | | |
| | If change of ownership give name and address of previous owner | | | | |
| II. | DESCRIPTION OF WELL AND LEASE | | | | |
| | Lease Name Lynn B-1 | i i | glie Mattix | State, Federal or Fee Fed. | |
| | Unit Letter C : 660 Feet From The NL Line and 1980 Feet From The West | | | | |
| | Line of Section 26 To | wnship 23-8 Hange | 36-E , SMPM, | Lea County | |
| III. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit X or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | |
| | Texas_New Mexico P | ineline Company | Box 1510, Midland, | Texas | |
| | itame of Authorized Transporter of Car Phillips Petroleum | singhead Gas 🗶 - or Dry Gas 🔙 | 9th Floor, Phillip | roved copy of this form is to be sent) s Bldg., Odessa, Texas | |
| | If well produces oil or liquids, give location of tunks. | Unit Sen. Tws. Rgs. C 26 23-S 36-E | Is gus dot to the ored? | 10-24-63 | |
| IV. | If this production is commingled with COMPLETION DATA | th that from any other lease or pool, | give comminguing order number: | | |
| | | | | | |
| | | | | P.B.T.D. | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | | Tubing Depth | |
| | Perforations Depth Casing Shoe | | | | |
| | HOLE SIZE | TUBING, CASING, AND | DEPTH SET | SACKS CEMENT | |
| | HOLE SIZE | CASING & TUBING SIZE | 027 | | |
| | | | | | |
| | | | | | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE (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 (Flow, pump, gas | lift, etc.) | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | Actual Prod. During Test | Oil-Bbis. | Water-Bbis. | Gas - MCF | |
| | 1 | | | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | |
| VI. | . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | |
| | I hereby certify that the rules and regulations of the Oil Conservation | | APPROVED, 19 | | |
| | 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. | | | | |
| | | | TITLE | | |
| | Tillian & Luite | | This form is to be filed in compliance with RULE 1104. | | |
| | (Signature) | | 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, | | |
| | Acting Staff Supervisor | | | | |
| | June 23, 1966 | | | | |
| | NMOCC-5 FILE | | well name or number, or transp Separate Forms C-104 m | orter, or other such change of condition. ust be filed for each pool in multiply | |
| | | | completed wells. | | |