

RECEIVED  
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SANTA FE  
FILE  
DESIG.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COM  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-110  
Effective 1-1-65

CONTINENTAL OIL CO.

P.O. Box 460 HOBBS

Reasons for filing (check proper box)  
Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Condensate Gas ☐ Condensate ☐  
Other (Please explain)  
Well Redesignation  
Formerly Lynn 8-1 NO. 8

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	11	Pool Name, Including Formation	Tangle Lynn Seven River	Kind of Lease	State, Federal or Private
Section	A	Feet From The	660 north Line and	660	Feet From The East
Township	27	Range	23-S	36-E	County

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 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? <input checked="" type="checkbox"/>	When
C 26 23-S 36-E	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Full Resv.
ILLEGIBLE	Date Completed		Total Depth		F.P.T.D.			
	Date Completed		Top Oil/Gas Pay		Tubing Depth			
	Date Completed		Depth Measured		Depth Measured			
	Date Completed		CEMENTING RECORD		SACKS CEMENT			
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)

Time 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
Actual Fr. L. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Water Fr. L. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (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. Gable  
Administrative Supervisor  
4-24-73

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 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.

NMCCC 5, Part 5, File