

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
UNCLAS.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION 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

CONTINENTAL OIL CO.

P.O. Box 460 HOBBS

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>
Transporter	<input type="checkbox"/>
Change of ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>
Condensed Gas	<input type="checkbox"/>

Dry Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>

Other (Please explain)

Well Redesignation

Formerly Lynn D-1 NO. 8

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designate 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 1510 Midland, Texas
Designate 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
Transporter's License No.	In gas actually consigned?
C 26 23-S 36-E	yes
	When
	10-24-63

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Well	Form Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Completion Date	Date of Completion	Total Depth	L.P.T.D.					
	Name of Formation	Top Oil/Gas Pay	Tubing Depth					
			Depth of casing shoe					

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)

Test Run 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 Fr. L. (Fr. L. Test)	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Water - Fr. L. (Test - MCF)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test 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. Wallis
(Signature)
Administrative Supervisor
(Title)

3-1-73
(Date)

M. M. O. C. C. 5, P. 5, 716

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.