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NEW MEXICO OIL CONSERVATION COMMISS.
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) Other (Please explain)
New Area ☐ Change in Transporter of: Well Redesignation
Extension of Lease ☐ Oil ☐ Dry Gas ☐ Formerly Lynn B-1 No. 11
Extension of Term ☐ Condensate ☐
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Well No. 19 Pool Name, including Formation Janglee Mattie Line River Kind of Lease Lease, Federal or
Janglee Lynn Queen Unit
Section K 1980 East from The South Line and 1980 Feet from The West
Range 26 Township 23-5 Range 36-E N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Transporter (Give name and address of transporter) ☒ Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas
Transporter (Give name and address of transporter) ☐ Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) 9th Floor Phillips Bldg. Okla. City, Okla.
Transporter (Give name and address of transporter) ☐ C 26 23-5 36-E Is gas actually connected? yes When 10-24-63

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same as last, Full, Ready, etc.
Date of Completion 10-24-63 Total Depth 1980 Feet
Name of Formation South Top Oil/Gas Pay 1980 Feet
Depth to base of hole 1980 Feet

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)
Location of Flow Line or Run To Tanks Flow line to tanks Date of Test 10-24-63 Producing Method (Flow, pump, gas lift, etc.) Flow
Location of Test Flow line to tanks Tubing Pressure 100 Casing Pressure 100 Choke Size 1/2"
Actual Test, Duration Test 100 Oil - Bbls. 100 Water - Bbls. 100 Gas - MCF 100

GAS WELL
Actual Test, Duration Test 100 Length of Test 100 Bbls. Condensate/MCF 100 Gravity of Condensate 100
Location of Test Flow line to tanks Tubing Pressure 100 Casing Pressure 100 Choke Size 1/2"

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. G. Kelly
(Signature)
Administrative Supervisor
(Title)
3-1-73
(Date)
N. M. O. C. C. 5, P. 5, File
OIL CONSERVATION COMMISSION
APPROVED 19
BY 19
TITLE 19
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.