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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL / GAS

OPERATOR

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

Nov 15 8 08 AM '65

I. Operator

Continental Oil Company

Address

P.O. Box 460, Hobbs, New Mexico

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well [X] — Change in Transporter of: Oil [ ] Dry Gas [ ]

Recompletion [ ] — Casinghead Gas [ ] Condensate [ ]

Change in Ownership [ ]

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Lyon B-1	14	Langlie Mattix ~~Queen~~	State, Federal or Fee Federal

Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West

Section 26 , Township 23-S Range 36-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corp.	4th & Washington, Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	26	23	36	Yes	11-8-65

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 Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-21-65	10-5-65	3700 Ft.	-

Prod.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Langlie Mattix	Queen	3517-3654	2 3/8 @ 3646

Perforations	Depth Casing Shoe
3648,3653 W/1 JSPF. 3519,3536,3555,3579,3584,3588,3596,3600,3611,3624,3633./	3700 - 1/2

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7 5/8" 24# J-55	318	W/250 sx. of "A"
6 3/4"	4 1/2" 9.5# J-55	3700	W/200 sx. of "C"

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10-6-65	11-8-65	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-	-	-

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
23	22	-	27

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

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.

(Signature)

Dist. Supervisor

(Title)

11-11-65

(Date)

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 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.