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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Reasons for filing (Check proper box)

Change of ownership	<input type="checkbox"/>
Change of transporter	<input type="checkbox"/>
Change of well name or number	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>
Crude Oil or Gas	<input type="checkbox"/>

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

Other (Please explain)

Well Redesignation

Formerly Lynn B-1 No. 15

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
Langle Lynn Queen Unit	18	Langle Martin Love River	State, Federal or <del>Other</del>
Drilled	L	1980	Feet From The South Line and 660 Feet From The West
Section	26	Township	23-S Range 36-E
County		Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter (Check proper box) <input checked="" type="checkbox"/> Oil <input type="checkbox"/> 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
Phillips Petroleum Co.	9th Floor Phillips Bldg. Oklahoma, Tulsa
Is gas naturally connected?	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)	New Well	Workover	Deepen	Full Pack	Same Reaty.	Diff. Reaty.
Drilled						
Date of Completion	Total Depth	Feet From Top	Feet From Bottom	Feet From Surface	Feet From Top	Feet From Bottom
HOLE SIZE	DEPTH SET	SACKS CEMENT				

ILLEGIBLE

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)

Date of Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Quantity of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow (Barrel Test)	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flow (Barrel Test)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Pressure (psia, 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. [Signature]*  
Administrative Supervisor  
(Title)

3-1-73  
(Date)

M.M.O.C.C. 5, Pgs 5, 7 & 6

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.