

REQUEST FOR (OIL) - ~~NON~~ ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico June 4, 1962
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company Grace Mitchell B, Well No. 4, in SW 1/4 SE 1/4,

(Company or Operator) (Lease)

0, Sec. 5, T. 17S, R. 32E, NMPM., Maljamar Pool

Unit Letter

Lea County. Date Spudded 4-8-62 Date Drilling Completed 4-13-62

Please indicate location:

Elevation 4086 Total Depth 4060 PBD -

Top Oil/Gas Pay 3820 Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL -

Perforations Notches at 4040, 4030, 3898

Open Hole 3820-4060 Depth 3820 Depth Tubing 3831

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 29 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 2 1/4

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

660 FSL & 1980 FEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	939	475
4 1/2	3820	175
2	3831	-

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 57,000# Sd, 57,000 gal crude & 3000# Adomite

Casing Tubing Date first new

Press. 340-440 Press. 140-340 Oil run to tanks 5-31-62

Oil Transporter Continental Pipe Line Company

Gas Transporter Continental Oil Company - Maljamar Gasoline Plant #60

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19_____

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *J. A. Jensen*
(Signature)

By: _____

Title: District Superintendent

Send Communications regarding well to:

Title _____

Name: Continental Oil Company

NMDCG (4) W&H File

Address: Box 427 - Hobbs, New Mexico