

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED	
DISTRIBUTION	
FILE	
USGS	
LAND OFFICE	
TRANSPORTER	OIL GAS
REGISTRATION OFFICE	
OPERATOR	

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 QUADRUPLICATE 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
(Place)

10-21-64
(Date)

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

Continental Oil Company State II-23, Well No. 3, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L Sec. 23, T. 10-S, R. 32-E, NMPM, Mescalero San Andres Pool
Unit Letter
Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
X			
M	N	O	P

1980' FSL & 660' FWL
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8"	1588'	425
4 1/2"	4255'	200
2 3/8"	4067'	

County. Lea Date Spudded 10-6-64 Date Drilling Completed 10-14-64
Elevation 4315 G.L. Total Depth 4267 PBDT -

Top Oil/Gas Pay 4062' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

4067', 4072', 4083', 4088', 4093', 4097', 4109', 4127', & 4136'

Perforations _____ Depth _____ Depth W/1 JSPT
Open Hole _____ Casing Shoe 4267 Tubing 4067'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 193 bbls. oil, 2 bbls water in 16 hrs, 0 min. Size Pump

GAS WELL TEST -

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

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): Treated w/5000 gallons 15% ISTNE Acid

Casing 390# Tubing 200# Date first new 10-19-64
Press. 200# oil run to tanks

Oil Transporter Permian Corporation

Gas Transporter Vented temporarily until transporter can be obtained.

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved October 21, 1964

CONTINENTAL OIL COMPANY

(Company or Operator)

SIGNED: G. C. JAMESON

By: _____
(Signature)

Title Assistant District Manager

Send Communications regarding well to:

Name Continental Oil Company

Address Box 460, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____