NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~ 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 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) 10-29-64 (Date)

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

Continental Oil Company (Company or Operator) State II-23 (Lease), Well No. 4, in NE ¼ NW ¼,

O, Sec. 23, T. 10-S, R. 32-E, NMPM., Mescalero San Andres Pool

Lea County. Date Spudded 10-14-64 Date Drilling Completed 10-26-64

Please indicate location:

Elevation 4325 GR. Total Depth 4425 PBTD -

Top Oil/Gas Pay 4094' Name of Prod. Form. San Andres

PRODUCING INTERVAL - 4109' - 4213'

Perforations 4127, 4147, 4155, 4168, 4182, 4189 & 4211 W/1 JSPF

Open Hole ____ Depth Casing Shoe 4425' Depth Tubing 4111'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 87 bbls.oil, 0 bbls water in 10 hrs, 0 min. Choke Size -

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): Acidized W/5000 gals LSTNE acid using ten ball sealer

Casing Press. PKR Tubing Press. ____ Date first new oil run to tanks 10-29-64

Oil Transporter Permian Corporation (truck)

Gas Transporter Vented temporarily until transporter can be obtained.

Remarks: ____

Size	Feet	Sax
8 5/8"	1575	500
4 1/2"	4425'	310'
2 3/8"	4111'	

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

Approved ____, 19____

OIL CONSERVATION COMMISSION

By: ____

Title ____

Continental Oil Company
(Company or Operator)

By: SIGNED ROBERT CAULT III
(Signature)

Title Staff Supervisor

Send Communications regarding well to:

Name Continental Oil Company

Address Box 460, Hobbs, New Mexico

NM000 (5) 5M