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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) 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

11-23-64

(Place)

(Date)

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

Continental Oil Company State II-23, Well No. 0, in SE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

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

Lea

County. Date Spudded 11-5-64 Date Drilling Completed 11-14-64

Elevation 4331 DF Total Depth 4430 PBD -

Top Oil/Gas Pay 4104 Name of Prod. Form. San Andres

PRODUCING INTERVAL - 4104-4204

4105, 4112, 4116, 4122, 4142, 4145, 4160, 4163, 4174, 4183, 4189,

Perforations

4194-4198 W/I JSPP Depth 4 1/2 @ 4430' Depth
Open Hole Casing Shoe Tubing 4105

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): 33 bbls. oil, 2 bbls water in 10 hrs, 0 min. Size 8wdd.

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 gal 15% Acid

Casing Tubing Date first new
Press. _____ Press. _____ oil run to tanks 11-19-64

Oil Transporter Permian Corporation (Truck)

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: _____, 19_____

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: SIGNED: JACK MARSHALL
District (Signature) Manager

By: _____

Title _____

Title _____

Send Communications regarding well to:

Name Continental Oil Company

Address Box 460, Hobbs, N.M.

NMOCC-5 JM

CONTINENTAL OIL COMPANY

P.O. Box 460
Hobbs, New Mexico
November 23, 1964.

New Mexico Oil Conservation Commission
P.O. Box 1980
Hobbs, New Mexico

Gentlemen:

In compliance with New Mexico Oil Conservation
Commission Rule III, we are submitting below a list of deviation
surveys taken on Continental Oil Company's State II-23
No. 6, located in Unit F, Sec. 23-10-32 Lea County, N.M.

<u>Depth</u>	<u>Degree</u>	<u>Depth</u>	<u>Degree</u>	<u>Depth</u>	<u>Degree</u>
<u>100</u>	<u>1/4</u>	<u>2881</u>	<u>1</u>	<u> </u>	<u> </u>
<u>358</u>	<u>1/4</u>	<u>3193</u>	<u>1</u>	<u> </u>	<u> </u>
<u>723</u>	<u>1/2</u>	<u>3614</u>	<u>3/4</u>	<u> </u>	<u> </u>
<u>988</u>	<u>1/2</u>	<u>3806</u>	<u>1/2</u>	<u> </u>	<u> </u>
<u>1209</u>	<u>3/4</u>	<u>4075</u>	<u>1/2</u>	<u> </u>	<u> </u>
<u>1584</u>	<u>1 1/4</u>	<u>4380</u>	<u>3/4</u>	<u> </u>	<u> </u>
<u>1913</u>	<u>1</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2174</u>	<u>3/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2566</u>	<u>1</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Yours very truly,

Jack Marshall

Subscribed and sworn to before me, a Notary Public in and for
Lea County, New Mexico, this 23 day of December, 1964.

John E. Kachel