NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
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.

Artesia, New Mexico (Place) May 11, 1959 (Date)

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

Continental Oil Company (Company or Operator), State U-15 (Lease), Well No. 2, in NW ¼ NW ¼,
D (Unit Letter), Sec. 15, T. 17S, R. 29E, NMPM., Square Lake Pool
Eddy County. Date Spudded 6-19-58 Date Drilling Completed 6-27-58

Please indicate location:

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

Elevation 3565 Total Depth 2618 PBTD
Top Oil/~~Gas~~ Pay 2270 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2350-56, 2378-92, 2403-09, 2448-57
Open Hole Depth Casing Shoe Depth Tubing

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): 5 bbls.oil, 0 bbls water in 24 hrs, 0 min. Choke 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:

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	753	350
4 1/2	2618	110

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 28,000 gals. standard Sandfrac and 1,000 gals. mud acid
Casing Press. Tubing Press. Date first new oil run to tanks 4-20-59
Oil Transporter Continental Pipe Line Company
Gas Transporter

Remarks:

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

Approved ..., 1959, 19...

OIL CONSERVATION COMMISSION

By: W. L. Armstrong
Title

Continental Oil Company
(Company or Operator)

By: [signature]
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Rowley Bldg., Artesia, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Continental Oil Company Lease State U-15

Well No. 2 Unit Letter D S 15 T 17S R 29E Pool Square Lake

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit C S 15 T 17 R 29

Authorized Transporter of Oil or Condensate Continental Pipe Line Company

Address Carper Bldg., Artesia, New Mexico
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas being vented to air

Reasons for Filing: (Please check proper box) New Well XX)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11th day of May 1959

By [signature]

Title District Superintendent

Company Continental Oil Company

Address Rowley Bldg., Artesia, N. M.

Approved MAY 15 1959 19

OIL CONSERVATION COMMISSION

By [signature]

Title OIL AND GAS INSPECTOR