

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 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.

Artesia, New Mexico  
(Place)

1-13-61  
(Date)

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

Continental Oil Company State X-22, Well No. 2, in SE 1/4, SE 1/4,  
(Company or Operator) (Lease)

P, Sec. 22, T. 18S, R. 34E, NMPM, East E-K Queen Pool

Loa County. Date Spudded 8-13-60 Date Drilling Completed 8-25-60

Please indicate location: Elevation 4015 Total Depth 4805 PBD 4754

Top Oil/Gas Pay 4586 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4586-90  
Open Hole Depth Casing Shoe 4805 Depth Tubing 4610

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): 5 bbls, oil, 6 bbls water in 24 hrs, min. Size Open

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): 15,000 gals crude, 15,000# sand, 400# Adomite

Casing Tubing Date first new Press. - Press. - oil run to tanks 1-12-61

Oil Transporter The Permian Corporation

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sex
8 5/8	405	225
5 1/2	4832	1460
2 3/8	4627	

Remarks:

DDCC-4 SLO File

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)

By: *C.H. Nesser*  
(Signature)

OIL CONSERVATION COMMISSION

Title: District Superintendent  
Send Communications regarding well to:

Name: Continental Oil Company

Address: Rowley Bldg., Artesia, New Mexico

By: *[Signature]*

Title