

REQUEST FOR (OIL) ~~(GAS)~~ ALLOWABLE

New Well  
~~XXXXXXXXXX~~  
HOBBS OFFICE DCC

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.

Eunice, New Mexico September 29, 1959  
(Place) (Date)

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

Continental Oil Company Payne, Well No. 2, in SW 1/4 NW 1/4,  
(Company or Operator)

E, Sec. 30, T. 26-S, R. 33-E, NMPM, El Mar Delaware Pool  
Unit Letter Lea

County. Date Spudded 9-7-59 Date Drilling Completed 9-18-59

Please indicate location:

Elevation 3137 DF Total Depth 4742 PBD

Top Oil/Gas Pay 4695 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4695-4708

Open Hole Depth 4742 Casing Shoe 4678 Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 69 bbls. oil, 39 bbls water in 24 hrs, min. Size

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	338	175
4 1/2	4742	175
2"	4699	

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):

Fraced w/2000 gals crude, 3000# Sd, 100# Adomite  
Casing Tubing Date first new 9-29-59  
Press. oil run to tanks

Oil Transporter Permian Oil Company

Gas Transporter

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: \_\_\_\_\_  
Title \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)  
Title: Alt. District Superintendent  
Send Communications regarding well to:  
Name: J. R. Cook  
Address: Box 68, Eunice, New Mexico

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Continental Oil Company Lease Payne

Well No. 2 Unit Letter E S 30 T26S R33E Pool El Mar Delaware

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

If well produces oil or condensate, give location of tanks: Unit M S 25 T 26 R 32

Authorized Transporter of Oil or Condensate Permian Oil Company

Address Box 4157, Midland, Texas  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address \_\_\_\_\_ Date Connected \_\_\_\_\_  
(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:

No market - - - Vented to air

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

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.

0/4 NMCC WAM SW File

Executed this the 29 day of September 1959

SEP 29 1959

Approved \_\_\_\_\_ 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By [Signature]

Title \_\_\_\_\_

By [Signature]

Title Alt. District Superintendent

Company Continental Oil Company

Address Box 68, Eunice, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106) MORRIS OFFICE OCC

Name of Company <b>Continental Oil Company</b>		Address <b>Box 68, Eunice, New Mexico</b>			
Lease <b>Payne</b>	Well No. <b>2</b>	Unit Letter <b>E</b>	Section <b>30</b>	Township <b>26-S</b>	Range <b>33-E</b>
Date Work Performed <b>9-18-59</b>	Pool <b>El Mar Delaware</b>			County <b>Lea</b>	

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations   
  Casing Test and Cement Job   
  Other (Explain):  
 Plugging   
  Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

Set 4 1/2" casing at 4742' W/175 sacks. Plug down 7:30 a.m., 9-18-59. WOC 20 hours. Plug was not drilled. Thirty minute casing test: 1500-1500#.

APPROVED BY USGS: September 22, 1959

Witnessed by <b>R. A. Carlile</b>	Position <b>Drilling Foreman</b>	Company <b>Continental Oil Company</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by	Name <i>J. R. Parker</i> <b>J. R. Parker</b>
Title	Position <b>District Superintendent</b>
Date	Company <b>Continental Oil Company</b>