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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

11-13-61

(Place)

(Date)

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

Continental Oil Company State P-12, Well No. 2, in NW 1/4 NE 1/4
(Company or Operator) (Lease)

B Sec. 12, T. 17-S, R. 28-E, NMPM, East Red Lake Queen *Queen* Pool
Unit Letter

Eddy County. Date Spudded 10-11-61 Date Drilling Completed 10-26-61

Please indicate location:

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

660' FNL & 1980' FEL

Elevation 3710 Total Depth 1824 PBD

Top Oil ~~Pay~~ Pay 1788 Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations

Open Hole 1785-1824 Depth Casing Shoe 1785 Depth Tubing 1794

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): 21 bbls. oil, No bbls water in 24 hrs, - min. Choke Size 2 1/2

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	408	50
4 1/2	1785	125
2 3/8	1814	

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): 30,000 gals refined oil, 50,000# sand.

Casing Tubing Date first new Press. 140 Press. 50 oil run to tanks 11-11-61

Oil Transporter The Permian Corp (Trucks)

Gas Transporter None

Remarks:

Copies to: NMOCC-4 SLO FILE

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

Approved: NOV 15 1961, 19

CONTINENTAL OIL COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *M.L. Armstrong*

Title: OIL AND GAS INSPECTOR

By: _____
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Continental Oil Company

Address: Rowley Bldg., Artesia, New Mexico

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

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O. C. C. 2
ARTESIA OFFICE

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company			Lease State 1-12	
Unit Letter B	Section 12	Township 17-S	Range 28-E	County Eddy

Pool East Red Lake Queen	Kind of Lease (State, Fed, Fee) State
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If well produces oil or condensate give location of tanks	Unit Letter C	Section 12	Township 17-S	Range 28-E
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation	Address (give address to which approved copy of this form is to be sent) Midland, Texas
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Is Gas Actually Connected? Yes No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:

Waiting on pipe line connection

REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input checked="" type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

Remarks

Copies to: NEDCC-5 WAM SW SLO File

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

Executed this the 14 day of November, 19 61

OIL CONSERVATION COMMISSION		By
Approved by <i>M. L. Armstrong</i>		Title District Superintendent
Title OIL AND GAS INSPECTOR		Company Continental Oil Company
Date NOV 15 1961		Address Rowley Bldg., Artesia, New Mexico