

REQUEST FOR (OIL) - (GAS) ALLOWABLE
HOBBS OFFICE OCC

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

5-29-61

(Place)

(Date)

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

Continental Oil Company

Taylor

Well No. 2, in NW 1/4 SW 1/4,

(Company or Operator)

(Lease)

L

Sec. 14

T. 17-S

R. 32-E

NMPM., Maljamar

Pool

Unit Letter

Lea

County. Date Spudded 5-9-61

Date Drilling Completed 5-17-61

Please indicate location:

Elevation 4053 Total Depth 4192 PBTD

Top Oil/Gas Pay 3940 Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL - Open hole formation notched with abrasive jets at 4180, 4164, 4041, 4011, 3993 and 3980

Perforations

Open Hole 3918-4192 Depth Casing Shoe 3918 Depth Tubing 3920

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): 127 bbls. oil, No bbls water in 24 hrs, _____ min. Choke Size 18/64

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): 500 gals acid, 40,000 gals crude, 40,000# sand 1000# Adomite.

Casing Tubing 150 Date first new oil run to tanks 5-28-61
Press. 400

Oil Transporter The Permian Corporation (Trucks)

Gas Transporter None

Remarks: Allowable will be requested by Maljamar Cooperative Agreement Engineering Subcommittee.

NMOCC-4 SLO File

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

Approved: _____, 1961

Continental Oil Company

(Company or Operator)

By: _____
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name Continental Oil Company

Address Rowley Bldg., Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.P.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PROMOTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

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

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				1961 MAY 30 PM 3:04		Well No. 2
Unit Letter L	Section 14	Township 17-S	Range 30-S	County Leon		
Pool Malamar				Kind of Lease (State, Fed Fee) See		
If well produces oil or condensate give location of tanks		Unit Letter #	Section 14	Township 17-S	Range 30-S	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Persian Corporation				Address (give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas		

Is Gas Actually Connected? Yes ☐ No ☒

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> *None	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:
***Permanent tank battery has not been established. Oil will be produced into temporary storage and trucked out. Gas will be vented until a permanent connection is effected.**

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

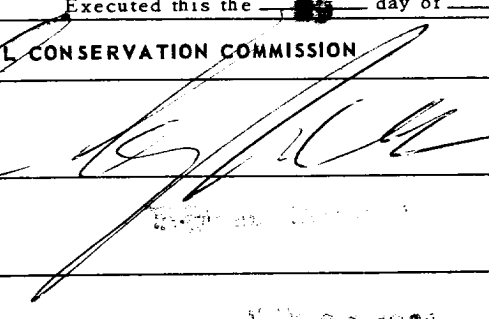
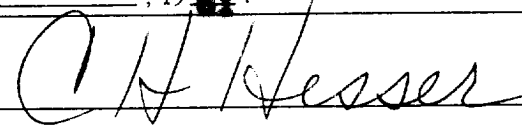
New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

Copies to: NMCC, SAN AN BLO File

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

Executed this the **25** day of **May**, 19 **61**.

Approved by 	By 
	Title District Superintendent
Title District Superintendent	Company Continental Oil Company
Date MAY 31 1961	Address Howley Building Artesia, New Mexico