

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 March 2, 1959
(Place) (Date)

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

Continental Oil Company Mitchell B, Well No. 29, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)
L, Sec. 17, T. 17S, R. 32E, NMPM, Maljamar Pool
(Unit Letter)

Lea

Please indicate location:

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

County. Date Spudded 1-31-59 Date Drilling Completed 2-21-59
Elevation 3995 Total Depth 4336 DOD 4330
Top Oil/Gas Pay 3760 Name of Prod. Form. Grayburg
PRODUCING INTERVAL 3829 San Andres
Perforations 3784-90, 3798-3804, 3808-14, 3820-29,
3862-68, 4071-80, 4092-98, 4106-12, 4141-47, 4156-64
Open Hole Depth Casing Shoe 4335 Tubing 4330

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): 333 bbls. oil, No bbls water in 24 hrs, 0 min. Size 32/64

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): 28,000 gallons standard Sandfrac, 1,750 gallons acid.

Casing Tubing Date first new
Press. 520 Press. 220 oil run to tanks 2-28-59

Oil Transporter Continental Pipe Line Company

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8	207	100
5 1/2	4335	1350

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: _____
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Continental Oil Company

Address: Rowley Hldg. _____

By: _____

Title: _____