

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

3-17-61

(Place)

(Date)

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

Continental Oil Company Wm. Mitchell B

Well No. 40, in NE 1/4 SE 1/4,

(Company or Operator)

(Lease)

I

18

T. 17-S

R. 32-E

NMPM,

Maljamar

Pool

Unit Letter

Lea

County. Date Spudded 8-29-59

Date Drilling Completed 9-12-59

Please indicate location:

Elevation 3990

Total Depth 4196 PBD 3975

Top Oil/Gas Pay 3803

Name of Prod. Form. San Andres

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

1980 FSL & 660 FEL

PRODUCING INTERVAL -

Perforations 3930-34

Open Hole Depth 4196 Casing Shoe Depth Tubing 3952

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): 4 bbls. oil, 0 bbls water in 24 hrs, - min. Choke Size Open

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	241	125
5 1/2	4216	775
2 3/8	3962	

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): 34,000 gals lse crude, 50,000# sand 3,400# Adonite

Casing Tubing Date first new Press. oil run to tanks 3-16-61

Oil Transporter Continental Pipe Line Company

Gas Transporter None - Gas TSTM

Remarks: Allowable will be requested by MCA Engineering Sub-Committee

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)

By: _____

Title: District Superintendent

Title: _____

Send Communications regarding well to:

Name: Continental Oil Company

Address: Rowley Bldg., Artesia, New Mexico