

REQUEST FOR (OIL) (GAS) ALLOWABLE

New Well
Recompletion
~~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 7-31-61
(Place) (Date)

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

Continental Oil Company Wm. Mitchell A Well No. 24 in SW 1/4 NW 1/4
(Company or Operator) (Lease)

E Unit Letter Sec. 20 T. 17-S R. 32-E NMPM, Maljamar-Paddock Pool

Lea County Date Spudded 6-15-61 Date Drilling Completed 6-25-61

Please indicate location:

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

Elevation 3968' Total Depth 5350' PBTD

Top Oil/Gas Pay 5264' Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 1 1/2" casing patched at 5317' and 5308'

Open Hole Depth Casing Shoe 5350' Tubing 5316'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 128 bbls. oil, 15 bbls water in 24 hrs, min. Size Open

GAS WELL TEST -

1980' FNL & 460' FWL

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	744	315
4 1/2	5371	350
2 3/8	5345	

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, 5,000 gals. lse. crude, 5,000#

Casing sand, 250# Adams first new Press. Press. oil run to tanks 7-5-61

Oil Transporter Continental Pipe Line Company

Gas Transporter Continental Oil Company

Remarks:

NMOCC-4 File

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

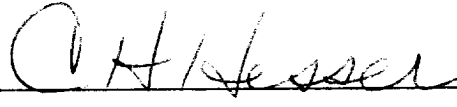
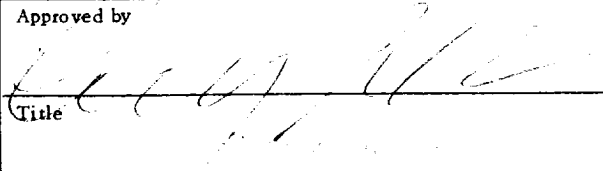
By: (Signature)
(Signature)

By: District Superintendent
Send Communications regarding well to:

Title:

Name: Continental Oil Company

Address: Rowley Bldg., Artesia, N. M.

NUMBER OF COPIES RECEIVED DISTRIBUTION		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)	
SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR		FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator Continental Oil Company			Lease Wm. Mitchell A		Well No. 24	
Unit Letter E	Section 20	Township 17-S	Range 32-E	County Lea		
Pool Maljamar Paddock				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter C	Section 20	Township 17-S	Range 32-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company			Address (give address to which approved copy of this form is to be sent) P. O. Drawer 410 Artesia, New Mexico			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Continental Oil Company			Date Connected 7-30-61	Address (give address to which approved copy of this form is to be sent) Rowley Building Artesia, New Mexico		
If gas is not being sold, give reasons and also explain its present disposition:						
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 NMOCC-5 WAM SW File						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <u>31</u> day of <u>July</u> , 19 <u>61</u> .						
OIL CONSERVATION COMMISSION			By 			
Approved by 			Title District Superintendent			
Title			Company Continental Oil Company			
Date			Address Rowley Building Artesia, New Mexico			