

REQUEST FOR (OIL) - (GAS) ALLOWABLE

1963 JUL 30 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.

Hobbs, New Mexico

7-29-63

(Place)

(Date)

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

Continental Oil Company MCA Unit, Well No. 235, in SE 1/4 NW 1/4,

(Company or Operator)

(Lease)

F 28

T 17

R 32

NMPM, Maljamar

Pool

Unit Letter

Lea

County Date Spudded 6-27-63

Date Drilling Completed 7-8-63

Please indicate location:

Elevation 3795 Total Depth 4182 PBD 4169

Top Oil/Gas by 3725 Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL - 3743, 3769, 3775, 3781, 3876, 3881, 3892, 3916, 3932, 3954, 3964, 4007, 4015, 4025, 4043, 4051, and 4057 w/2 JSPP

Perforations Depth 5 1/2 at Depth 3742
Open Hole Casing Shoe 4182 Tubing

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): 42 bbls. oil, 0 bbls water in 24 hrs, min. Size Choke Pump

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): Acidized perms. 4007-4057 w/3,500 gals. HCL, *

Casing 325# Tubing Date first new 7-24-63
Press. Press. oil run to tanks

Oil Transporter Continental Pipe Line Company

Gas Transporter Continental Oil Co., Maljamar Gas. Plant No.60

Remarks: *acidized perms. 3964-3876 w/4,000 gal. HCL, & acidized perms. 3743-3781 w/2,500 gals. HCL

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:

Title

By: J. C. Green

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 460, Hobbs, New Mexico

1. The first part of the report

2. The second part of the report

3. The third part of the report

4. The fourth part of the report

5. The fifth part of the report

6. The sixth part of the report

7. The seventh part of the report

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17. The seventeenth part of the report

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23. The twenty-third part of the report

24. The twenty-fourth part of the report

25. The twenty-fifth part of the report

26. The twenty-sixth part of the report

27. The twenty-seventh part of the report

28. The twenty-eighth part of the report

29. The twenty-ninth part of the report

30. The thirtieth part of the report

31. The thirty-first part of the report

32. The thirty-second part of the report

33. The thirty-third part of the report

NUMBER OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION 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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

47

Company or Operator Continental Oil Company				MCA Unit		Well No. 235
Unit Letter F	Section 28	Township 17S	Range 32E	County Lea		
Pool Maljamar				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter F	Section 28	Township 17	Range 32	
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) Box 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 Maljamar Gas. Plant No. 60		Date Connected 7-24-63	Address (give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico			

If gas is not being sold, give reasons and also explain its present disposition:

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

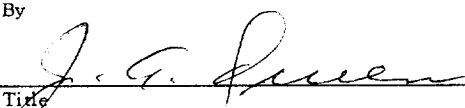
New Well ☒
Change in Transporter (check one)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate . . ☐

Change in Ownership ☐
Other (explain below)

Remarks

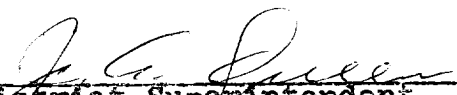
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 29th day of July, 1963.

OIL CONSERVATION COMMISSION		By
Approved by	 District Superintendent Continental Oil Company Box 460, Hobbs, New Mexico	
Title		
Date		

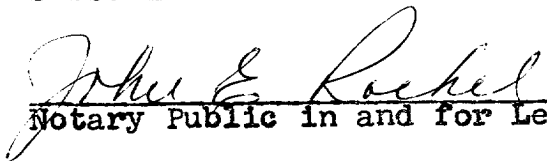
DEVIATION TEST RUNS - MCA UNIT NO. 235

<u>DEPTH</u>	<u>DEVIATION</u>	<u>DATE</u>
282	1/2	6-27-63
560	1/4	6-27-63
883	1/2	6-28-63
1193	1	6-30-63
1425	1	6-30-63
1678	1 3/4	6-30-63
1900	2 1/4	6-30-63
2400	2 1/2	6-30-63
2750	2	7-1-63
3209	1 1/2	7-1-63



District Superintendent
of Production
Hobbs District

Subscribed and sworn to before me this 29th day of July, 1963.



Notary Public in and for Lea County, New Mexico.

My Commission expires 11-14-66