

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

10-27-60

(Place)

(Date)

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

CONTINENTAL OIL COMPANY

State V-22

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

(Company or Operator)

K

Sec. 22

T. 18S

(Range)

R. 34E

NMPM.

East E-K Queen

Pool

Unit Letter

Lea

County. Date Spudded

9-30-60

Date Drilling Completed

10-13-60

Elevation

4030

Total Depth

PBTD

4568

Please indicate location:

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

Top Oil/Gas Pay

4544

Name of Prod. Form.

Queen

PRODUCING INTERVAL -

4552-60

Perforations

Open Hole

Depth

4593

Depth

4557

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): 240 bbls. oil, 0 bbls. water in 24 hrs, - min. Size 20/64

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): 15,000 gals. 1st crude 15,000# sand, 500# Adomite

Casing Press. 1400 Tubing 240 Date first new oil run to tanks 10-25-60

Oil Transporter The Permian Corporation

Gas Transporter None

Remarks:

NDCC-4, SLD FILE

East E-K Queen Ept

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

Approved: _____, 19

OCT 31 1960

OIL CONSERVATION COMMISSION

By: _____

Title _____

Engineer District V

CONTINENTAL OIL COMPANY

(Company or Operator)

By: _____

(Signature)

Title District Superintendent

Send Communications regarding well to:

CONTINENTAL OIL COMPANY

Name _____

Address Rowley Bldg., Artesia, New Mexico