

# 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 June 4, 1959  
(Place) (Date)

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

Continental Oil Company Tonto Deep Unit, Well No. 1, in SE 1/4 SW 1/4,  
(Company or Operator) (Lease)  
N, Sec. 22, T. 18S, R. 34E, NMPM, Undesignated Well Pool

Lea County. Date Spudded 9-10-58 Date Drilling Completed 4-2-59  
Please indicate location: Elevation 4013 Total Depth 14,925 PBD 11,600

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

Top Oil/Land Pay 11,106 Name of Prod. Form. Wolfcamp

## PRODUCING INTERVAL -

Perforations 11,394-11,423  
Open Hole Depth Casing Shoe 14,490 Depth Tubing 11,365

## 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): 121 bbls. oil, NO bbls water in 24 hrs, 0 min. Size 3/4

## 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): 5,500 gallons acid

Casing Tubing Date first new  
Press. 20 oil run to tanks 6-1-59

Oil Transporter McWood Corporation

Gas Transporter None

## Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	381	350
9 5/8	5159	3825
7	14,490	900

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)  
(Signature)

By: (Signature)

Title District Superintendent

Title

Send Communications regarding well to:

Name Continental Oil Company

Address Rowley Bldg., Artesia, New Mexico