

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 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
(Place)

8-29-62
(Date)

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

Continental Oil Company State CG 30 Well No. 1 in NE 1/4 SW 1/4
(Company or Operator) (Lease)
K Sec. 30 T. 18 R. 37 NMPM, Unders. Abo Pool
Unit Letter

Lea County Date Spudded 6-13-62 Date Drilling Completed 8-1-62
Elevation 3755 Total Depth 7732 PBTD 7512

Please indicate location:

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

Top Oil/Gas Pay 7160 Name of Prod. Form Abo

PRODUCING INTERVAL -

Perforations 7477-90 with 2 Jet shots per foot.

Open Hole Depth 7732 Casing Shoe 7732 Tubing 7507

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): 215 bbls. oil, 19 bbls water in 24 hrs, _____ min. Size 15/64

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): 500 gallons MCA Acid.

Casing Tubing Date first new Press. Packer Press. 275-300 oil run to tanks August 21, 1962

Oil Transporter Melwood Corporation - Midland, Texas

Gas Transporter None

Remarks: *Completion De. Ext. 7732*

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)

By: *J. C. Jensen* Title Assistant District Superintendent
(Signature) Send Communications regarding well to:

Title _____ Name Continental Oil Company

Address Box 427 - Hobbs, New Mexico