

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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.

Location, Well No. and Date
(Place) 4-15-63 (Date)

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

Continental Oil Company State of NM, Well No. 1, in SW 1/4, SW 1/4,
(Company or Operator) (Lease)

Sec. 12, T. 12, R. 37, NMPM., Pool

County Date Spudded 4-27-63 Date Drilling Completed 4-6-63

Please indicate location:

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

Elevation 3750 Total Depth 7562 PBTD 7562

Top Oil/Gas Pay 7562 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 7415, 7413, 7426 & 7435 - 1/2 JSPF 7390-91 & 7328-7332 w/

Open Hole 1 JSPF Depth 7562 Casing Shoe 7562 Tubing 7450

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 Choke load oil used): 154 bbls. oil, 6 bbls water in 6 hrs, 0 min. Size 28/64"

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): Treated w/ 1000 gallons acid

Casing Tubing Date first new Press. 120 oil run to tanks April 13, 1963

Oil Transporter Texas - New Mexico Pipe Line Co., Midland, Texas

Gas Transporter none

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	337	300
7 5/8	3215	220
4 1/2	7562	500
2 3/8	7450	

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: Assistant District Superintendent

Title: Send Communications regarding well to:

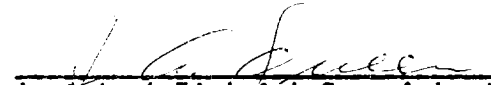
Name: Continental Oil Company

Address: Box 427, Hobbs, New Mexico

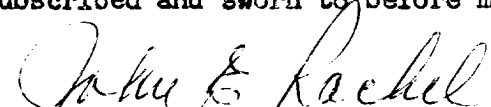
APR 15 1963

STATE GG-30 NO. 2 - DEVIATION TEST RUNS

<u>Depth</u>	<u>Inclination - °</u>	<u>Date</u>
299	1/2	2-27-63
599	1/2	2-28-63
858	1/4	3- 1-63
1634	1/2	3- 1-63
1982	1	3- 1-63
2485	3/4	3- 2-63
2890	1 1/2	3- 2-63
3078	1	3- 3-63
3543	1 1/4	3- 6-63
3915	1 1/4	3- 7-63
4256	1 1/2	3- 9-63
4662	1	3-11-63
5065	1 3/4	3-12-63
5552	1 1/2	3-14-63
5995	1/2	3-16-63
6295	3/4	3-18-63
6671	3/4	3-21-63
6945	1/2	3-25-63
7199	1 3/4	3-28-63


Assistant District Superintendent
of Production - Hobbs District

Subscribed and sworn to before me this 15th day of April, 1963.


Notary Public in and for Lea County, New Mexico

My Commission expires 11-14-66.

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

Company or Operator Continental Oil Company				Lease State 00-30		Well No. 2	
Unit Letter M	Section 30	Township 18	Range 37	County Lea			
Pool Goodwin Abo				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter A	Section 30	Township 18	Range 37	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co.				Address (give address to which approved copy of this form is to be sent) Box 1510, Hobbs, N.M., Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

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

Vented

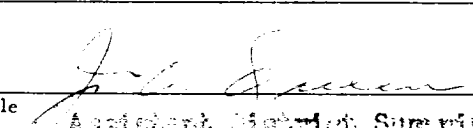
REASON(S) FOR FILING (please check proper box)

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

Remarks

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

Executed this the 15th day of April, 1943.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		Assistant District Superintendent
Date	Company	Address
	Continental Oil Company	Box 127, Hobbs, New Mexico