

REQUEST FOR (OIL) - (~~CRACK~~ ALLOWABLE) **HOBBES** New Well

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-103 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)

**August 7, 1962**  
(Date)

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

**Continental Oil Company** Fields, Well No. **2**, in **SW 1/4** **SW 1/4**,  
(Company or Operator) (Lease)  
**M** Sec. **25**, T. **23**, R. **32**, NMPM., **Under Triste Draw Delaware** Pool

Unit Letter  
**Lea**

Please indicate location:

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

**990 FSL & 330 FWL**

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>7 5/8</b>	<b>39 5</b>	<b>200</b>
<b>4 1/2</b>	<b>5206</b>	<b>200</b>
<b>2 3/8</b>	<b>5072</b>	<b>-</b>

County. Date Spudded **7-21-62** Date Drilling Completed **7-30-62**  
Elevation **3700** Total Depth **5206** PBDT **-**  
Top Oil/Gas Pay **5072** Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations **3 Way Jet at 5073, 2 JSPF at 5074-5076**  
Open Hole **-** Depth **-** Casing Shoe **4 1/2 @ 5206** Depth **5072**

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): **49** bbls. oil, **0** bbls water in **6** hrs, \_\_\_\_\_ min. Size **13/64**

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): **25 0 gallons Mud Acid**

Casing Press. **400** Tubing Press. **325** Date first new oil run to tanks **8-4-62**

Oil Transporter **Permian Corporation**

Gas Transporter **None**

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: **Joe D. Ramsey**  
Title \_\_\_\_\_

By: **[Signature]**  
(Signature)

Title **District Superintendent**  
Send Communications regarding well to:

Name **Continental Oil Company**

Address **Box 427 - Hobbs, New Mexico**

NMOCC (4) WAM File