

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.

Hobbs, New Mexico
(Place)

10-22-62
(Date)

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

Continental Oil Company

Goedeke

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

(Company or Operator)

(Lease)

G

Sec. 10

T. 26

R. 33

NMPM, Salado Draw Delaware

Pool

Unit Letter

Lee

County. Date Spudded 10-1-62

Date Drilling Completed 10-10-62

Please indicate location:

Elevation 3351 Total Depth 5200 PBT

Top Oil/Water Pay 5062 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 5068-5073 W/2 JSPT

Open Hole - Depth 4-1/2 @ 5200 Depth Casing Shoe 5012

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 load oil used): 63 bbls. oil, 67 bbls water in 24 hrs, - min. Size Choke pump

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/500 gal mud acid. Frac perms w/2500# 20-40 sd, 500# sand; 10-20 ad, 150# Mark II Adomite & 3,000 gal lse crude.

Casing Press. - Press. - oil run to tanks 10-15-62

Oil Transporter McWood Corporation

Gas Transporter none

Remarks:

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

Approved October 19 62

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

By: (Signature)

Title District Superintendent

Send Communications regarding well to:

Title

Name Continental Oil Company

Address Box 427, Hobbs, New Mexico

NMOCC (4.) WAM FILE

Goedeke No. 2 - Deviation Test Runs

<u>Depth</u>	<u>Inclination</u>	<u>Date</u>
400	1-1/4°	10-1-62
908	1°	10-3-62
1435	1/2°	10-4-62
2005	1°	10-4-62
2515	1°	10-4-62
3020	1°	10-5-62
3565	2-1/2°	10-5-62
4000	3-1/4°	10-6-62
4590	3-1/2°	10-8-62
5055	2-1/2°	10-9-62

J. R. Cook
For District Superintendent of Production
Hobbs District

Subscribed and sworn to before me this 22nd day of October, 1962

Marilyn Regal
Notary Public in and for Lea County, New Mexico

My commission expires 5-19-64

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION 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 Goedeke		Well No. 2	
Unit Letter G	Section 10	Township 26	Range 33	County Lea			
Pool Salado Draw Delaware				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter G	Section 10	Township 26	Range 33	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation				Address (give address to which approved copy of this form is to be sent) 306 V & J Tower Building, Midland, Texas			
Is Gas Actually Connected? Yes _____ 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

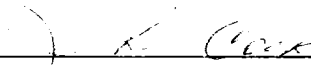
REASON(S) FOR FILING (please check proper box)

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 22 day of October, 19 62.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		District Superintendent
Date	Company	Address
	Continental Oil Company	Box 427, Hobbs, New Mexico