

REQUEST FOR (OIL) - ~~WATER~~ ALLOWABLE

New Well  
HOBBS OFFICE

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.

Eunice, New Mexico February 8, 1960  
(Place) (Date)

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

**Continental Oil Company**

**Payne**

, Well No. 5, in SW  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**M**

Sec. 30

T. 26-S

R. 33-E

NMPM,

El Mar Delaware

Pool

Unit Letter

**Lea**

Please indicate location:

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

County. Date Spudded 1-20-60

Date Drilling Completed 1-30-60

Elevation 3111' RB

Total Depth 4699' PBD

Top Oil/Gas Pay 4686'

Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4686-91' W/4 JSPP

Open Hole

Depth Casing Shoe 4699'

Depth Tubing 4616'

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 161 bbls. oil, 21 bbls. water in 24 hrs, \_\_\_\_\_ min. Choke Size 14/64"

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pilot, 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 gals acid, 2000 gals crude, 3000# sd, 100#

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 0 Press. 200 oil run to tanks 2-6-60 Adomite

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter None

Remarks:

NM 02791 A

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

Approved: FEB 9 1960 19

**Continental Oil Company**  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]  
(Signature)

Title: District Superintendent  
Send Communications regarding well to:

Name: J. R. Parker

Address: Box 68, Eunice, New Mexico

By: [Signature]

Title: \_\_\_\_\_

O/4 NMCC WAM file

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)  
HOBBS OFFICE OCC

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS FEB 9 AM 10:04

Company or Operator Continental Oil Company Lease Payne

Well No. 5 Unit Letter M S 30 T26S R 33E Pool El Mar Delaware

County Lea Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit M S 25 T26 R 32

Authorized Transporter of Oil or Condensate Cactus Petroleum Inc.

Address P. O. Box 634, Midland, Texas  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address \_\_\_\_\_ Date Connected \_\_\_\_\_  
(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:

No market - Gas vented

Reasons for Filing: (Please check proper box) New Well xxx

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: \_\_\_\_\_  
(Give explanation below)

NM 02791 A

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

Executed this the 8 day of February 19 60

O/L NMOC WAM SW file

Approved FFB 19 \_\_\_\_\_

By [Signature]

Title District Superintendent

OIL CONSERVATION COMMISSION

Company Continental Oil Company

By [Signature]

Address Box 68, Eunice, New Mexico

Title Engineer