

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.

Eunice, New Mexico (Place) May 20, 1960 (Date)

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

Continental Oil Company (Company or Operator) Payne, Well No. 9, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Lease)

E Unit Letter, Sec. 31, T. 26-S, R. 33-E, NMPM, El Mar, Delaware Pool

Lea

Please indicate location:

County. Lea Date Spudded 4-20-60 Date Drilling Completed 4-29-60
Elevation 3097' KB Total Depth 4738' PBD 4665'

Top Oil/Gas Pay 4639' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4639' W/8 holes

Open Hole _____ Depth _____ Casing Shoe 4738' Depth Tubing 4682'

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): 25 bbls. oil, 86 bbls water in 24 hrs, _____ min. Choke Size _____

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): See below

Casing Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks May 19, 1960

Oil Transporter Cactus Petroleum, Inc

Gas Transporter None DO. 37.40

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	330	175
4 1/2	4760	915
2"	4693'	

Remarks: Acidized old perf 4716-22' W/500 gals acid, fraced W/2000 gals crude, 3000 lbs Sd, 150 lbs Adomite. Set CI BP at 4675' W/1 sx. Acidized new perf 4639' W/250 gals acid, fraced W/2000 gals crude, 3000 lbs Sd, 100# Adomite.

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: J. R. Parker
(Signature)

By: _____

Title District Superintendent

Title _____

Send Communications regarding well to:

Name J. R. Parker

0/3 NMDCG WAM file

Address Box 68, Eunice, New Mexico

DUPLICATE

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)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Continental Oil Company Lease Payne

Well No. 9 Unit Letter E S 31 T 26 R 33 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 T 26 R 32

Authorized Transporter of Oil or Condensate Cactus Petroleum, Inc.

Address 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 XX

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 20 day of May 19 60

0/4 NMCC WAM SW file

By [Signature]

Approved _____ 19 _____

Title District Superintendent

OIL CONSERVATION COMMISSION

Company Continental Oil Company

By [Signature]

Address Box 68

Title _____

Eunice, New Mexico