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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE
CORRECTED REPORT
(To correct well number shown on report dated 7-17-62.)

New Well
~~XXXXXXXXXX~~

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.

Durango, Colorado

July 18, 1962

(Place)

(Date)

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

Continental Oil Company - H. E. Haynes

Well No. **6**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

D

Sec. **15**

T. **24N**

R. **5W**

NMPM,

Basin Dakota

Pool

Unit Letter

Rio Arriba

County. Date Spudded. **6-14-62**

Date Drilling Completed **6-28-62**

Please indicate location:

Elevation **6536' RB** Total Depth **6832' RB** PBDT **6309' RB**

Top Oil/Gas Pay **6720** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6756' & 6764' RB**

Open Hole _____ Depth _____ Casing Shoe **6832' RB** Depth _____ Tubing **6692' RB**

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): _____ bbls. oil, _____ bbls water in _____ 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: **1632** MCF/Day; Hours flowed **24**

Choke Size **24/64** Method of Testing: **Orifice Meter**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **25,000# Sand, 24,700 gals. Calcium Chloride Water**

Casing Press. **835** Tubing Press. **545** Date first new oil run to tanks _____

Condensate Transporter **McWood Corp., Abilene, Texas**

Gas Transporter **El Paso Natural Gas Co., Farmington, New Mexico**

Remarks: **Condensate Test - 28 bbls. in 24 hours on 24/64" choke. Gravity 45° API @ 60°F**

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

Approved: **JUL 20 1962**, 19____

Continental Oil Company

(Company or Operator)

Original Signed By:

By: **H. D. HALEY** (Signature)

Title: **District Superintendent**

Send Communications regarding well to:

Name: **H. D. Haley**

Address: **Box 3312, Durango, Colorado**

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title: _____

NRDCC(4) HDH ABC

