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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Durango, Colorado May 14, 1962

(Place)

(Date)

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

Continental Oil Company Table Mesa, Well No. 24, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K, Sec. 4, T. 27N, R. 17W, NMPM., Undesignated-Penn. Pool

Unit Letter

San Juan

County. Date Spudded 11-12-61 Date Drilling Completed 1-29-62

Elevation 5380' RB Total Depth 7785' PBD 7757'

Top Oil/Gas Pay 7081 Name of Prod. Form. Paradox

PRODUCING INTERVAL -

Perforations 7081' - 7099'

Open Hole _____ Depth _____ Casing Shoe 7775' Depth _____ Tubing 6984'

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): 39 bbls. oil, 51 bbls. water in 11 hrs, _____ min. XXXX

Swabbing

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): _____

Casing _____ Tubing _____ Date first new _____ 5-9-62
Press. _____ Press. _____ oil run to tanks

Oil Transporter Pyramid Oil, Inc., Farmington, New Mexico

Gas Transporter _____

Remarks: Bridge plug set @ 7469'. Acidized perforations with 5,000 gallons 15% HCL with E-208 fluid loss additive.

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

Approved MAY 16 1962, 19____

Continental Oil Company ON. COM.

(Company or Operator)

Original Signed By: _____

By: H. D. HALEY (Signature)

OIL CONSERVATION COMMISSION

District Superintendent

Title _____ Send Communications regarding well to:

Name H. D. Haley

Address Box 3312, Durango, Colorado

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

NMCCC (K) HDH RDP