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	GAS
PRORATION OFFICE	
OPERATOR	

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.

Durango, Colorado
(Place)

October 3, 1962
(Date)

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

Continental Oil Company
(Company or Operator)

Table Mesa
(Lease)

, Well No. **24**, in. **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

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

San Juan

County. Date Spudded **11-12-61** Date Drilling Completed **1-29-62**
Elevation **5380' NE** Total Depth **7785'** PBDT

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL - Plugback - Table Mesa Zone

Perforations **7208' to 7217'**

Open Hole _____ Depth **7775'** Depth **7150'**
Casing Shoe _____ Tubing _____

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): **258** bbls. oil, **0** bbls. water in **14** hrs, **0** min. Size **14/64"**

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 "Remarks" below.**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. **1700** oil run to tanks **9-29-62**

Oil Transporter **McWood Corporation, Midland, Texas**

Gas Transporter _____

Remarks: **Baker Model BA Packer set @ 7150'. Acidized w/1000 gals. mud acid. Displaced w/28 barrels water. Injected @ rate of 3/4 barrels/minute.**

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

Approved **OCT 3 1962**, 19____

Continental Oil Company **OCT 3 1962**

(Company or Operator) **OIL CON. COM.**

By: **H. D. HALEY** **DIST. 3**
(Signature)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

Title **District Superintendent**

Send Communications regarding well to:

Name **H. D. Haley**

Address **Box 3312, Durango, Colorado**

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