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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
DISCONTINUED

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

10-15-62

(Place)

(Date)

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

Continental Oil Company

Rattlesnake

, Well No. **149**, in **NW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

J

12

T

29N

R

NMPM.

Rattlesnake Dakota

Pool

Unit Letter

San Juan

County. Date Spudded **9-28-62**

Date Drilling Completed

9-30-62

Please indicate location:

Elevation **5396' RB** Total Depth **1006'** PBD **972'**

Top Oil/Gas Pay **832'** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **922' - 927'**

Open Hole Depth Casing Shoe **1006'** Depth Tubing **933'**

OIL WELL TEST -

Natural Prod. Test: **18** bbls. oil, **235** bbls water in **24** hrs, min. 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. 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):

Casing Tubing Date first new Press. oil run to tanks **10-3-62**

Oil Transporter **Platinum Refining**

Gas Transporter

Remarks: **See attached Schedule of Deviations**

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

Approved **OCT 17 1962**, 19

Continental Oil Company

(Company or Operator)

Original Signed By **OCT 17 1962**

By: **H. D. HALEY**

(Signature)

DN. COM.

OCT. 3

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**

NO. 4) HDM REP