

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~122660122~~

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.

Emise, New Mexico

9-15-58

(Place)

(Date)

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

Continental Oil Company State A-35 "A", Well No. 2, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

O, Sec. 35, T. 22S, R. 36E, NMPM, South Emise Pool Pool
Unit Letter

Lea

County. Date Spudded 8-25-58

Date Drilling Completed

9-7-58

Please indicate location:

Elevation 3461 G.L.

Total Depth

3780'

PBTD

Top Oil/ Gas Pay 3678'

Name of Prod. Form.

Queen

PRODUCING INTERVAL -

Perforations 3678-3707', 3710-32', 3737-47'

Open Hole

- -

Depth

3779'

Depth

3649'

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): 112 bbls. oil, 0 bbls water in 12 hrs, _____ min. Choke Size 22/64"

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): 1,500 gals. acid, 15,000 gals. frac

Casing _____ Tubing _____ Date first new

Press. 800 Press. 575 oil run to tanks 9-13-58

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>377'</u>	<u>300</u>
<u>5 1/2"</u>	<u>3779'</u>	<u>1,150</u>

Remarks: _____

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: [Signature]

Title District Superintendent

Title _____

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Emise, New Mexico