

REQUEST FOR (OIL) - ~~ICASS~~ 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.

Eunice, New Mexico 5-18-59

(Place)

(Date)

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

Continental Oil Co Wilder 26, Well No. 1, in SE 1/4 SE 1/4,

(Company or Operator)

(Lease)

P 26, T 26, R 32, NMPM, El Mar Delaware Pool

Unit Letter

Lea

Please indicate location:

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

County Date Spudded 4-29-59

Date Drilling Completed 5-10-59

Elevation 3113' Total Depth 4640' PBD 4638'

Top Oil/Gas Pay 4595' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4595-98', 4604-11'

Open Hole Depth 4640' Casing Shoe Depth 4554' Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 39 bbls. oil, 6 bbls water in 24 hrs, min. Size Choke 10/64"

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):

750 gals oil, 1500# sand, 50# ADOMITE

Casing 850 Tubing 100 Date first new oil run to tanks 5-13-59

Oil Transporter Permian Oil Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	701	350
4 1/2	4640	172

Remarks: LC 069515

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

Approved: 19

OIL CONSERVATION COMMISSION

By: [Signature]

Title

(Company or Operator)

By: [Signature]

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico