

REQUEST FOR (XXX) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an 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 psi at 60° Fahrenheit.

Eunice, New Mexico

July 18, 1960

(Place)

(Date)

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

Continental Oil Company Wilder Well No. 24, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L Sec. 26, T. 26-S, R. 32-E, NMPM, El Mar Delaware Pool
Unit Letter

Lea

Please indicate location:

County. Date Spudded 6-13-60 Date Drilling Completed 7-17-60Elevation 3104' KB Total Depth 4607' PBDTop Oil/Gas Pay 4559 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4559-64'Open Hole _____ Depth _____
Casing Shoe 4607' Tubing 4477'

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): 22 bbls oil, 98 bbls water in 24 hrs, _____ min. Choke Size Open

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (vacuum, well 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 belowCasing _____ Tubing _____ Date first new
Press. 0 Press. 0 oil run to tanks 7/17/60Oil Transporter Cactus Petroleum, Inc.Gas Transporter None

Remarks: TRTD W/500 gals NCA acid, 1000 gals LSTNE, Fraced W/10,000 gals crude,
10,000 LBS SD, 500 LBS Adomite.

LC 069515.

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: Leslie H. Clement Title District Superintendent

Title _____ Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico