

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 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 15.023 psia at 60° Fahrenheit.

Lunice, New Mexico.....Aug. 15, 1960
(Place) (Date)

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

Continental Oil Company.....Wilder....., Well No. 26....., in NE.....NE.....
(Company or Operator) (Lease)
A....., Sec. 26....., T. 26-S....., R. 32-E....., NMPM, El Mar Delaware..... Pool
Unit Letter

Lea..... County. Date Spudded 7-22-60..... Date Drilling Completed 8-2-60
Please indicate location: Elevation 3117.8..... Total Depth 4700'..... PBD

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

Top Oil/Gas Pay 4517..... Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4517-4623
Open Hole..... Depth.....
Casing Shoe 4700..... Depth.....
Tubing 4609

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): 52 bbls. oil, 20 bbls water in 24 hrs, min. Choke Size -

GAS WELL TEST -

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

Method of Testing (state 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 below

Casing Tubing Date first new
Press. 0 Press. 0 oil run to tanks Aug. 13, 1960

Oil Transporter Texas-New Mexico Pl. Co.

Gas Transporter None

Remarks: TRTD W/500 gals mud acid fol by 4000 gal Sandfrac using 6000 lbs SD and 800 lbs ADOXITE

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)

By: J. R. Parker
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]
Title.....

Title District Superintendent
Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico