

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 15.025 psia at 60° Fahrenheit.

Hobbs, N. M.

10-24-60

(Place)

(Date)

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

Continental Oil Company

Reed A-3

Well No. 2

SE 1/4

NE 1/4

(Company or Operator)

(Lease)

H Sec. 3 T. 20S R. 36E NMPM., Eumont Pool

Unit Letter
Lea

County Date Spudded 5-20-36

Date Drilling Completed 6-27-36

Elevation 3619 Total Depth 3930 PSTD

Top ~~Gas~~ Gas Pay 3398-3608 Name of Prod. Form. Queen

Please indicate location:

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

1980' FNL & 660' FEL

PRODUCING INTERVAL -

Perforations 3398-3415; 3519-27; 3526-44; 3550-66; 3572-85; 3600-08

Open Hole Depth 3928 Casing Shoe Depth 3454 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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	263	250
7 5/8	1221	400
5 1/2	3812	400
4 1/2	177	25

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 3750 MCF/Day; Hours flowed 24

Choke Size open Method of Testing: orifice meter

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Treated w/2,000 gal. 15% ISTNE; fraced w/10,000 gal. crude and 10,000# sand.

Casing Tubing Date first new Press. Press. oil run to tanks

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: Oil well dual completed as a Monument (oil) and Eumont (gas) well.

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

Approved 10-24 1960, 19 60

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *C. M. ...*

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 427, Hobbs, N. M.

By: *[Signature]*

Title Engineer District 1

CC: NMOCC (4) File