

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico July 1, 1955

(Place)

(Date)

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

Continental Oil Company Reed A-3 Well No. 1-0, in SW 1/4 NW 1/4,

(Company or Operator)

(Lease)

E, Sec. 3, T. 20S, R. 16E, NMPM, Eucstat - Ex - Pool

(Unit)

Lea County. Date Spudded 6-4-55, Date Completed 6-19-55

Please indicate location:

X			

4E

Elevation 2631 Total Depth 4010 P.B. 4000

Top oil/gas pay 3914' Top of Prod. Form Queen 3785'

Casing Perforations: 3914-3926', 3926-3978', 3980-3988' or

Depth to Casing shoe of Prod. String 4009'

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 168 BOPD

Based on 16 bbls. Oil in 8 Hrs. Mins.

Gas Well Potential

Size choke in inches

Date first oil run to tanks or gas to Transmission system 6-30-55

Transporter taking Oil or Gas Atlantic Pipe Line Company

Remarks: This well completed in Queen pay and designation being changed from #9 to #0-0.

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: _____

Title _____

By: _____
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 427, Hobbs, New Mexico