

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 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.

Hobbs, New Mexico

February 11, 1960

(Place)

(Date)

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

Continental Oil Company

SEMU DT

, Well No. **70**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

I

15

20S

37E

Weir Tubb

Pool

Unit Letter
Lea

County. Date Spudded **11-16-59**

Date Drilling Completed **12-28-59**

Elevation **3552**

Total Depth **7200**

PBTD

6979

Please indicate location:

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

1980° FSL & 660° FEL

Top Oil/Gas Pay **6458**

Name of Prod. Form. **Weir Tubb**

PRODUCING INTERVAL - **Tubb - 6458-6520.**

Perforations **6458-76, 6505-20.**

Open Hole **-** Depth **7199** Depth Casing Shoe **6429**

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): **86** bbls. oil, **0** bbls water in **13** hrs, **0** min. Choke Size **Swabbed**

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): **500 gal. mud acid, 7,000 gal. 15% LSTNE retarded acid.**

Casing _____ Tubing _____ Date first new oil run to tanks **2-5-60**

Oil Transporter **Atlantic Pipe Line Co.**

Gas Transporter **Warren Petroleum Co.**

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	336	400
9 5/8	4005	1500
7	7199	410

Remarks: *Normal Leaking Zone (Weir Tubb)*

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: *[Signature]*

(Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name **Continental Oil Company**

Address **Box 427, Hobbs, New Mexico**

NMOCC (4) File