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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

HOBBS OFFICE O. C. C.
Nov 21 2 58 PM '63
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.

Eunice, New Mexico 11-19-63

(Place) (Date)

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

Continental Oil Company **Hawk B-10**, Well No. **4**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

H, Sec. **10**, T. **21-S**, R. **37-E**, NMPM. **Blinebry** Pool

Unit Letter

Lea

Please indicate location:

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

1980' FNL & 660' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

10 3/4"	250'	250
7 5/8"	3123'	1695
5 1/2"	7791'	529
2 1/16"	5818'	

County Date **11-7-63** Workover started **11-7-63** Work Completed **11-17-63**
Elevation **3427' DF** Total Depth **7728** PBD **7410'**

Top Oil/Gas Pay **5726'** Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL - **5726, 5737, 5765, 5780, 5790, 5808, 5825, 5861, 5890, 5915, & 5938' W/1 JSPF**

Perforations _____ Depth _____
Open Hole **-** Casing Shoe **7727'** Depth Tubing **5784'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **144** bbls. oil, **0** bbls water in **18** hrs, _____ min. Size **22/64"**

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): **1000 gal 15% LSTINE acid, 22,000 gal frac, 10,000 lbs sand & 1100 lbs "ABOMITE" ADDITIVES.**

Casing Press. **0** Press. **300** oil run to tanks **11-18-63**

Oil Transporter **T-New Mexico Pipeline Co.**

Gas Transporter **Skelly Oil Co (Casinghead)**

Remarks: **On IP fl 144 BO, no wtr, w/gas at rate of 138 MCFPD in 18 Hrs. Gravity 40. GOR 719. DOR 192. Est Daily Allow 52 BO.**

(Dual completed in Lower zone with Wantz Abq. TO GETTX OIL COMPANY.)

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

Approved: _____ **Continental Oil Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ (Signature)
District Superintendent

Title: _____ Send Communications regarding well to:
Continental Oil Company

Name: _____
Box 68 - Eunice, New Mexico

ARS FILE PAN AM-HBS-3

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