

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

**REQUEST FOR (OIL) - (6200) ALLOWABLE OFFICE O. C. ~~Extension~~ Recompletion**

This form shall be submitted by the operator before an initial allowable will be assigned ~~many~~ <sup>Nov 19 7 37 AM '63</sup> for 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.

**Eunice, New Mexico**

**11-15-63**

(Place)

(Date)

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

**Continental Oil Company** **Hawk B-10**, Well No. **4**, in **SE** **NE**  
(Company or Operator) (Lease)

**H**, Sec. **10**, T. **21-S**, R. **37-E**, NMPM., **Wantz Abo** Pool  
Unit Letter

**Lea**

County. Date **work started 11-7-63** Date **work completed 11-11-63**  
Elevation **3427' DF** Total Depth **7728** FETD **7410**

Please indicate location:

D	C	B	A
E	F	G	H
			<b>x</b>
L	K	J	I
M	N	O	P

Top Oil/xx Pay **6721'** Name of Prod. Form. **Abo**  
PRODUCING INTERVAL - **6721, 6736, 6804, 6845, 6882, 6896, 6930, 6960, 7030, 7060, 7150, 7215, 7240, 7260,**  
Perforations **7275, 7300, 7333, 7356, & 7366 w/1 JSPF.**  
Open Hole **-** Depth **7727** Depth Est. **6750'**  
Casing Shoe **7727** 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): **136** bbls.oil, **no** bbls water in **15** hrs, \_\_\_\_\_ min. Size **3/4"**

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): **3000 gals 15% Acid fol by 11,000 Gal frac using 3000 lbs sd & 350 lbs "ADOMITE" ADDITIVES.**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks **11-12-63**

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

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

Remarks: **On IP Abo fl 136 BO, no wtr, w/gas at rate of 247 MCFPD in 15 Hrs. Gravity 43°. 3/4" choke. GOR 1133. DOR 218. Est Daily Allow. 91.**

**EFFECTIVE JANUARY 31, 1977,  
SKELLY OIL COMPANY MERGED  
INTO GETTY OIL COMPANY.**

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)

Title **District Superintendent**  
Send Communications regarding well to:

Name **Continental Oil Company**

Address **Box 68 - Eunice, New Mexico**

**NMOCC O/3 ABS File**

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