

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.

Eunice, New Mexico

9-27-61

(Place)

(Date)

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

Continental Oil Co. I.J. Marshall 19, Well No. 1, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M, Sec. 19, T.23-S, R. 33-E, NMPM, Undesignated Pool
Unit Letter

Lea County Date Spudded 9-5-61 Date Drilling Completed 9-17-61

Please indicate location: Elevation 3719' KB Total Depth 5237' PBD

Top Oil Gas Pay 5095 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 5095-5099'

Open Hole Depth 5237' Casing Shoe Depth 5080' Tubing

OIL WELL TEST -

Natural Prod. Test: 113 bbls. oil, 0 bbls water in 10 hrs, min. Size 20/64" Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size Choke

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):

Casing Press. 500 Tubing Press. 150 Date first new oil run to tanks 9-20-61

Oil Transporter Permian Corporation

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	372	200
4-1/2	5252	150
2-3/8	5097	

Remarks: This well was not treated.

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

Approved: _____, 19_____

OIL CONSERVATION COMMISSION
By: _____
Title: _____

0/3 NMOCC WAM File

Continental Oil Company
(Company or Operator)

By: _____
(Signature)

Title: Dist. Supt.
Send Communications regarding well to:

Name: J. R. Parker

Address: Box 68, Eunice, N. M.