

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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.

Durango, Colorado

5-19-64

(Place)

(Date)

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

Continental Oil Company

Northeast Haynes, Well No. 10, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

G

21

T

24N

R

SW

NMPM

Otero Gallup

Pool

Unit Letter

Rio Arriba

County. Date Spudded 4-23-64

Date Drilling Completed 5-3-64

Please indicate location:

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

1849' FNL, 1849' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9 5/8"</u>	<u>317'</u>	<u>200</u>
<u>4 1/2"</u>	<u>5925'</u>	<u>860</u>
<u>2 3/8"</u>	<u>5628'</u>	

Elevation 6684' GR

Total Depth 5925'

PBTD

5889'

Top Oil/Gas Pay 5662'

Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5854'-66', 5806'-30', 5752'-58', 5738'-42', 5708'-27', 5662'-76'

Open Hole

Depth Casing Shoe

5925'

Depth Tubing

5628'

OIL WELL TEST -

2-Stage Collar 4818'

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 load oil used): 28 bbls. oil, 17 bbls. water in 24 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: _____

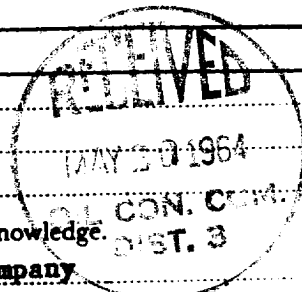
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 100,000# sand, 109,000 gals. water, 3000# gel, 1600# "ADOMITE"

Casing Press. _____ Tubing Press. _____ Date first new AQUA" additive, 12,300# CaCl oil run to tanks 5-17-64

Oil Transporter Shell Oil Company

Gas Transporter _____

Remarks: _____



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

Approved MAY 20 1964, 19____

Continental Oil Company

(Company or Operator)

Original Signed By

By: F. E. ELLIS

(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Assistant District Manager

Send Communications regarding well to:

Title Supervisor Dist. # 2

Name H. D. Haley

NMOCC (4) HDH ABC

Address Box 3312, Durango, Colorado