

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
(Place)

1-15-64
(Date)

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

Continental Oil Company
(Company or Operator)

Rattlesnake, Well No. 155, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Lease)

B, Sec. 13, T. 29N, R. 19W, NMPM., Rattlesnake Dakota Pool
Unit Letter

San Juan

County. Date Spudded. 11-24-63 Date Drilling Completed 12-9-63

Please indicate location:

Elevation 5360' GR Total Depth 978' PBD 958'

Top Oil/Gas Pay 788' Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 788'-792'; 797'-804'; 811'-818'; 884'-894'

Open Hole _____ Depth _____ Casing Shoe 978' Depth _____ Tubing 700'

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): 18 bbls. oil, 1040 bbls water in 24 hrs, _____ min. Choke Size _____

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

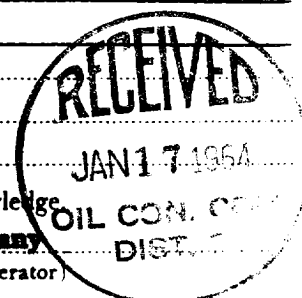
sand): 22,500# sand, 1000# "ADOMITE AQUA" additive, 23,500 gals.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 1-6-64 water

Oil Transporter Four Corners Pipe Line Co.

Gas Transporter _____

Remarks: No deviation survey - well drilled with cable tools.



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved. JAN 17 1964, 19____

Continental Oil Company
(Company or Operator)

By: H. D. HALEY
(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title District Manager

Send Communications regarding well to:

Name H. D. Haley

Address Box 3312, Durango, Colorado

MMOCC(4) HDH RDP

STATE OF NEW MEXICO	
DEPARTMENT OF REVENUE	
TAXPAYER'S NAME	
ADDRESS	
CITY	
COUNTY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
PRODUCTION OFFICE	GAS
OPERATOR	