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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

4-27-64

(Place)

(Date)

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

Continental Oil Company

Rattlesnake, Well No. 160, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

L, Sec. 1, T. 29N, R. 19W, NMPM., Rattlesnake Dakota Pool

San Juan

County. Date Spudded 3-8-64

Date Drilling Completed 4-20-64

Please indicate location:

Elevation 5316' GR Total Depth 926' PBD 902'

Top Oil/Gas Pay 766' Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 890'-893'; 766'-776'

Open Hole _____ Depth _____ Casing Shoe 917' Depth _____ Tubing 870'

OIL WELL TEST -

Swab Natural Prod. Test: 96 bbls. oil, 96 bbls water in 24 hrs, _____ min. Size _____ Choke

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

Casing _____ Tubing _____ Date first new _____ oil run to tanks 4-28-64

Oil Transporter Four Corners Pipe Line Co.

Gas Transporter Continental Oil Company

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 APR 28 1964, 19____

Continental Oil Company

ORIGINAL SIGNED BY:

By: Wm. A. Butterfield
(Signature)

Title District Office Manager
Send Communications regarding well to:

Name H. D. Haley

Address Box 3312, Durango, Colorado

OIL CONSERVATION COMMISSION
Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

NMOCC(4) HDH JMG

