

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 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.

Artesia, New Mexico

July 8, 1959

(Place)

(Date)

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

Continental Oil Company

Mitchell B

Well No. 35

in NW

SE

1/4

(Company or Operator)

(Lease)

J

Sec. 17

T. 17S

R. 32E

NMPM,

Maljamar

Pool

Unit Letter

Lea

County. Date Spudded. 6-13-59

Date Drilling Completed 6-24-59

Please indicate location:

Elevation 4017

Total Depth 4200

DOB 4185

Top Oil/Gr. Pay 3758

Name of Prod. Form. Grayburg

PRODUCING INTERVAL - 3758-66

Perforations 3784-90, 3812-22, 3828-38

Open Hole

Depth

Casing Shoe 4200

Depth

Tubing 3745

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 118 bbls. oil, no bbls water in 15 hrs, 0 min. Size 13 1/4"

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): 25,000 gals. std. sandfrac.

Casing Press. 460 Tubing Press. 160 Date first new oil run to tanks 7-1-59

Oil Transporter Continental Pipe Line Co.

Gas Transporter Maljamar Cooperative Repressuring Agreement.

Remarks: Allowable will be requested by Maljamar Cooperative Repressuring Agreement.

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)

By: _____

(Signature)

Title. Asst. District Superintendent

Send Communications regarding well to:

Continental Oil Company

Name

Rowley Bldg., Artesia, N. Mex.

Address

OIL CONSERVATION COMMISSION

By: _____

Title