

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

..... Eunice, New Mexico 9-14-55
(Place) (Date)

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

Continental Oil Co. B. T. Marshall Pool, Well No. 5, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
F \checkmark , Sec. 35, T. 265, R. 115, NMPM, North Mason Pool
(Unit)
Eddy County. Date Spudded 8-19-55, Date Completed 9-6-55

Please indicate location:

	X		
30. Line of Sec.			
TEXAS			

Elevation 3330 Total Depth 4098, ~~Box~~ DOD 4097

Top oil/gas pay 4085 Name of Prod. Form Delaware Sand

Casing Perforations: 4085-4097 or

Depth to Casing shoe of Prod. String

Natural Prod. Test None BOPD

based on No bbls. Oil in 3 Hrs. = Mins.

Test after acid or shot 107 BOPD

Based on 107 bbls. Oil in 24 Hrs. Mins.

Gas Well Potential

Size choke in inches 20/64

Date first oil run to tanks or gas to Transmission system: 9-11-55

Transporter taking Oil or Gas: Cactus Petroleum Company

Casing and Cementing Record

Size Feet Sax

<u>8-5/8</u>	<u>946</u>	<u>295</u>
<u>5-1/2</u>	<u>4097</u>	<u>220</u>

Remarks:

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)

OIL CONSERVATION COMMISSION
By: [Signature]
Title

By: [Signature]
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name Mr. H. E. Allen

Address Box 60 Eunice New Mexico