

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - () 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.

Durango, Colorado

11-22-63

(Place)

(Date)

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

Continental Oil Company **Rattlesnake**, Well No. **153**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)
O, Sec. **12**, T. **29N**, R. **19W**, NMPM, **Rattlesnake Dakota** Pool
Unit Letter

County. **Durango** Date Spudded **11-7-63** Date Drilling Completed **11-18-63**
Elevation **5344' GR** Total Depth **950'** PBD **920'**

Please indicate location:

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

Top Oil/Gas Pay **856'** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **856'-860'**
Open Hole _____ Depth _____
Casing Shoe **950'** Depth Tubing **883'**

OIL WELL TEST -

Natural Prod. Test: **96** bbls. oil, **120** bbls water in **24** hrs, _____ min. Choke Size _____
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. 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): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **11-21-63**

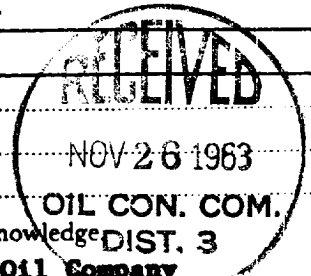
Oil Transporter **Four Corners Pipe Line Company**

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	24'	14
5 1/2"	950'	250
2 7/8"	883'	

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 **November** **NOV 26 1963**, 19 **63**

Continental Oil Company

(Company or Operator)

Original Signed By

By: **H. D. HALEY**
(Signature)

Title **District Manager**

Send Communications regarding well to:

Name **H. D. Haley**

Address **P. O. Box 3312, Durango, Colo.**

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		
DISTRICT		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
PRODUCTION OFFICE	GAS	
OPERATOR		