

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.

Hobbs, New Mexico
(Place)

4-21-61
(Date)

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

Continental Oil Company State B-13, Well No. 7, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)

L Sec. 13, T. 18, R. 37, NMPM., Hobbs Pool
Unit Letter

Lea County. Date Spudded 3-12-61 Date Drilling Completed 4-1-61

Please indicate location:

Elevation 3631 Total Depth 4154 PBD 4118

Top Oil/Gas Pay 3854 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 1002-12, 1019-23, 1028-36, 1042-46, 1050-58, 1061-68,
1074-84, 1091-102, 1108-18 Depth
Open Hole Casing Shoe 1153 Tubing 3970

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 45 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size Open

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Size
2 3/8"	3970	
8 5/8"	343	375
5 1/2"	4153	950

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): 500 gal. acid, 26,860 gal. oil, 30,000# sand, & 1350# DOWITE

Casing Packer Tubing _____ Date first new _____
Press. 300# oil run to tanks 4-20-61 MARK II

Oil Transporter Shell Pipe Line Company

Gas Transporter Phillips Petroleum Company

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]
(Signature)

By: _____

Title District Superintendent
Send Communications regarding well to:

Title _____

Name Continental Oil Company

NMOCC (4) SLO File

Address Box 427 - Hobbs, New Mexico