

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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.

Eunice, New Mexico

12-31-62

(Place)

(Date)

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

Continental Oil Company Meyer B-4, Well No. 26, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,

(Company or Operator)

(Lease)

Unit Letter C, Sec. 4, T. 21-S, R. 36-W, NMPM., Oil Center Blinbery Pool

Lea

County. Date Spudded 12-10-62

Date Drilling Completed 12-22-62

Please indicate location:

Elevation 3544 Total Depth 6040 FRTD -

Top Oil/Gas Pay 5888 Name of Prod. Form. Blinbery

PRODUCING INTERVAL -

Perforations 5898-5915

Open Hole - Depth Casing Shoe 6040 Depth Tubing 5946

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after rec. acid of volume of oil equal to volume of load oil used): 86 bbls. oil, 8 bbls water in 7 hrs, - min. Size 22/64 Choke

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): 5000 gals 15% acid.

Casing Tubing Date first new Press. 300 Press. 650 oil run to tanks 12-30-62

Oil Transporter The Atlantic Pipe Line Company

Gas Transporter Phillips Petroleum Company (Casinghead)

Remarks: IP flwd 86 bbls 38.1 deg. sty. oil, 8 BAW in 7 hrs, on 22/64 chk. TP 300# CP 650# w/206 MCF/DPD, GOR 698, DOR 295 bbls, est daily allowable 50 BO.

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)

By: _____

Title District Superintendent
Send Communications regarding well to:

Title _____

Name Continental Oil Company

1968 JAN 21 AM 8:35

CONTINENTAL OIL COMPANY

P.O. Box 68
Eunice, New Mexico
December 31, 1962

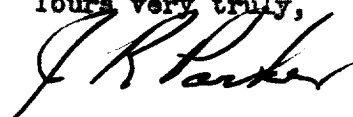
New Mexico Oil Conservation Commission
P.O. Box 2045
Hobbs, New Mexico

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule 111, we are submitting below a list of deviation surveys taken on Continental Oil Company's Meyer B-4 No. 26, located in Unit C, Section 4-21-36, Lea County, New Mexico:

<u>Depth</u>	<u>Degree</u>	<u>Depth</u>	<u>Degree</u>	<u>Depth</u>	<u>Degree</u>
<u>250</u>	<u>0</u>	<u>2417</u>	<u>2</u>	<u>3980</u>	<u>1 1/4</u>
<u>500</u>	<u>1/4</u>	<u>2620</u>	<u>1 1/2</u>	<u>4400</u>	<u>1 3/4</u>
<u>750</u>	<u>1/4</u>	<u>2900</u>	<u>1 1/2</u>	<u>4660</u>	<u>1/2</u>
<u>950</u>	<u>1/2</u>	<u>3120</u>	<u>1</u>	<u>4870</u>	<u>1/2</u>
<u>1000</u>	<u>1/2</u>	<u>3390</u>	<u>1 3/4</u>	<u>5260</u>	<u>2</u>
<u>1400</u>	<u>1/4</u>	<u>3575</u>	<u>1 1/2</u>	<u>5620</u>	<u>2 1/4</u>
<u>1850</u>	<u>1</u>	<u>3830</u>	<u>1 1/4</u>	<u>5820</u>	<u>2 1/2</u>
<u>2280</u>	<u>1 3/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Yours very truly,



J.R. PARKER
District Superintendent
of Production
Eunice, District

Subscribed and sworn to before me, a notary public in and for Lea County, New Mexico, this 31st day of December, 1962.

Hal H. Clay

