

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 QUADRUPLICATE 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

12-28-61

(Place)

(Date)

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

Continental Oil Company Miller BX, Well No. 6, in NW 1/4 SE 1/4,

(Company or Operator)

(Lease)

J

Sec. 14

T. 17-S

R. 32-E

NMPM,

Maljamar

Pool

Unit Letter

Lea

County. Date Spudded. 12-10-61

Date Drilling Completed 12-15-61

Please indicate location:

Elevation 4074' Total Depth 4335' PSTD

Top Oil/Gas Pay 4,000 Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL - Open hole formation notched w/abrasive

Perforations jets at 4284', 4166', 4060' & 4042'.

Open Hole 4000-4335' Depth 4000' Depth Casing Shoe 4000' Depth Tubing 4000'

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 load oil used): 97 bbls. oil, No bbls water in 24 hrs, - min. Size 16/64 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): 30,000 gals. lse. crude, 35,000 lbs. sd, 1,000# Ado-mite.

Casing 580 Tubing 380 Date first new oil run to tanks 12-27-61

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Continental Oil Company

Remarks: Allowable will be requested by NEA Engineering Sub-Committee.

Copies to: NMOC-4 File

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)

Signed: C. H. HESSER

By: (Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Rowley Bldg., Artesia, N. M.

OIL CONSERVATION COMMISSION

By:

Title