

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

New Well
7-60091-001

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 July 11, 1959
(Place) (Date)

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

Continental Oil Company Paish A, Well No. 27, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. 21, T. 17S, R. 32E, NMPM, Undesignated Pool
Unit Letter

Lea County. Date Spudded 11-12-58 Date Drilling Completed 5-9-59
Elevation 4054 Total Depth 13,670 PBD 13,675

Please indicate location:

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

Top Oil/Gas Pay 10,726 Name of Prod. Form. Cisco

PRODUCING INTERVAL -

Perforations 10,726-732, 10,732-746, 10,753-766

Open Hole _____ Depth _____ Casing Shoe 13,642 Depth _____ Tubing 10,730

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, no bbls water in 24 hrs, 0 min. Size Pump

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): Treated with 5,000 gallons acid

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 6-15-59

Oil Transporter Continental Pipe Line Company

Gas Transporter None

Remarks: _____

Copies to: NMOCC-4

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: C. H. Hesser
(Signature)

Title: Asst. District Superintendent
Send Communications regarding well to:

Name: Continental Oil Company

Address: Rowley Bldg., Artesia, N. M.

Title: _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13 3/8</u>	<u>428</u>	<u>550</u>
<u>9 5/8</u>	<u>5052</u>	<u>4855</u>
<u>7</u>	<u>13,642</u>	<u>1250</u>