

**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 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.

**Hobbs, New Mexico**

**10-19-63**

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

Well No. 1, in NE NW  $\frac{1}{4}$   $\frac{1}{4}$ ,  
**Continental Oil Co. Baish "B" (Lease)**  
Sec. 22, T. 17S, R. 32E, NMPM., **Baish Welfcamp** Pool

Please indicate location:

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

County. Date Spudded NO 9-25-63 Date Drilling Completed NO 9-29-63  
Elevation 4083 Depth 13,657 PBD 10,000

Top Oil/Gas Pay 9808 Name of Prod. Form Welfcamp  
PRODUCING INTERVAL

Perforations 9808-16, 9838-53, 9860-75 Depth 12,500 Tubing 9851

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): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. 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 \_\_\_\_\_

Oil Transporter Mr. 10-2-63

Gas Transporter Continental Pipe Line Company-Artesia

Remarks:

**Vented**  
**Dual completed this well in the Abo and Welfcamp zones.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved \_\_\_\_\_, 19\_\_\_\_

**Continental Oil Company**

**OIL CONSERVATION COMMISSION**

By: \_\_\_\_\_ (Signature)

By: \_\_\_\_\_

Title Asst. Dist. Superintendent

Title \_\_\_\_\_

Name Continental Oil Company

Address Box 460, Hobbs, N. M.