

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

5-11-62

(Place)

(Date)

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

Continental Oil Company
(Company or Operator)

Baish B

Well No. 14

in NE

1/4

SW

1/4

C

Sec. 22

T. 17

R. 32

NMPM,

Under-Baish Wolfcamp

Pool

Unit Letter

Lea

County. Date Spudded WO 5-7-62

Date Drilling Completed

WO 5-11-62

Please indicate location:

Elevation 4023

Total Depth 13,657

PBTD

10,000

Top Oil/Gas Pay 9800

Name of Prod. Form.

Wolfcamp

PRODUCING INTERVAL -

Perforations 9800-75, 9830-53, 9800-16 W/2 JSTT

Open Hole -

Depth

Casing Shoe 12,500

Depth

Tubing 9865'

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): 140 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 14/64

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 ISTHE Acid

Casing Tubing Date first new Press. Per Press. 400 oil run to tanks 5-11-62

Oil Transporter Continental Pipeline Company - Artesia, New Mexico

Gas Transporter Vented

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: _____

Title _____

By: _____
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 427 - Hobbs, New Mexico

WDCC (4) WAM File