

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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
(Place)

5-17-62
(Date)

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

Continental Oil Company
(Company or Operator)

Mix C

(Lease)

Well No. 1, in SW 1/4 SW 1/4,

M, Sec. 13, T. 18, R. 35, NMPM., Union Reeves Devonian Pool

Lea County. Date Spudded 2-25-62 Date Drilling Completed 4-26-62

Please indicate location:

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

Elevation 3883 Total Depth 12,235 PBTD 12,225

Top Oil/Gas Pay 12,090 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 12,187-12,191

Open Hole - Depth Casing Shoe 12,235 Depth Tubing 12,174

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): 349 bbls. oil, 4 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): 500 gals MCA

Casing Tubing Date first new

Press. PKR Press. 300 oil run to tanks 5-8-62

Oil Transporter Permian Corporation - Midland, Texas

Gas Transporter

Remarks:

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Continental Oil Company
(Company or Operator)

By: _____
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Continental Oil Company

Address: Box 427 - Hobbs, New Mexico

MOCC (4) WAM Partners (3) File