

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 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

7-31-63

(Place)

(Date)

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

Continental Oil Company State H-35

Well No. 8, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A 35, T 17S, R 34E, NMPM., Vacuum Glorieta Pool

Unit Letter

Lea

County. Date Spudded 3-30-63

Date Drilling Completed 4-24-63

Please indicate location:

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

760 PNL & 510 FEL

Elevation 4020 Total Depth 6750 PBD 6730

Top Oil/Gas Pay 5935 Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 5964-84 w/1 JSPP

Open Hole - Depth 5 1/2 at Casing Shoe 6750 Depth Tubing 5950

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 72 bbls. oil, 0 bbls water in 5 hrs, 30 min. Choke Size 24/64

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):

Acidized perfs w/500 gals. mud-acid

Casing Tubing Date first new

Press. pkr. Press. 135 oil run to tanks 7-28-63

Oil Transporter Permian Corporation, Midland, Texas

Gas Transporter None

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 Asst. Dist. Superintendent


Send Communications regarding well to:

Name Continental Oil Company

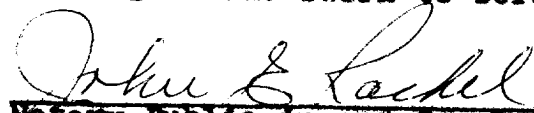
Address Box 460, Hobbs, N. M.

DEVIATION TEST RUNS - STATE H-35 NO. 8

<u>DEPTH</u>	<u>DEVIATION</u>	<u>DATE</u>
240	1	3-30-63
460	3/4	3-30-63
740	1/2	3-30-63
1024	1/4	3-30-63
1330	3/4	3-30-63
1852	3/4	3-31-63
2350	1	4-2-63
2854	3/4	4-2-63
3250	1 1/4	4-3-63
3549	1	4-3-63
3916	1 1/2	4-4-63
4270	1 3/4	4-5-63
4610	1 1/4	4-6-63
5039	1 3/4	4-8-63
5377	2 3/4	4-9-63
5760	2 1/2	4-12-63
6035	2 1/2	4-15-63
6499	2 3/4	4-18-63
6750	2 3/4	4-21-63
		4-25-63


District Superintendent
of Production
Hobbs District

Subscribed and sworn to before me this 31st day of July, 1963.


Notary Public in and for Lea County, New Mexico

My Commission expires 11-14-66

