

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

DUPLICATE 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 June 9, 1959

(Place)

(Date)

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

Continental Oil Company

State A-26

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

Company or Operator

19

(Lease)

Summit

Sec.

T

R

NMPM.

Pool

Unit Letter
LCC

County. Date Spudded. 5-10-59

Date Drilling Completed 5-21-59

Elevation 3727 Total Depth 4062

Top Oil/Gas Pay 3824 Name of Prod. Form. Summit (oil) Green

PRODUCING INTERVAL -

Perforations 3824-3900, 3915-30, 3943-50, 3971-76

Open Hole Depth 4061 Depth Casing Shoe 3960

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 41 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 12/64"

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, sand): 1,000 gal. acid & 15,000 gal lso crude w/ 1/10# Adomite &

Casing 3600 Tubing Date first new 6-9-59
Press. oil run to tanks

Oil Transporter Texas New Mex Pipe Line Company

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	SAR
8-5/8"	324	275
5-1/2"	4061	1800

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: _____

By: *H. W. Swann*
(Signature)

District Superintendent

Title Send Communications regarding well to:

Continental Oil Company

Name

Box 427, Hobbs, New Mexico

Address