

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 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

April 24, 1959

(Place)

(Date)

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

Continental Oil Company

Britt B-15

Well No. 9, in N 1/4 SE 1/4,

(Company or Operator)

(Lease)

J 15 206 37E NMPM, Drinkard Shildes Pool

Unit Letter

10a

County 12-4-56

Date Drilling Completed 1-27-57

Please indicate location:

Elevation 3565 Total Depth 8536 PBD 7658

Top Oil/Gas Pay 6610 Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 6810-17, 6825-30, 6830-54, 6874-78, 6890-6928

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 6884

OIL WELL TEST -

Natural Prod. Test: 176 bbls. oil, 0 bbls water in 22 hrs, 0 min. Choke 20/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke _____ 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): 1,000 gal acid, 10,000 gal. lsc, crude

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks April 23, 1959

Oil Transporter Atlantic Pipe Line Company

Gas Transporter Warren Petroleum Corporation

Remarks: Well dual completed in Drinkard-Tubb zones.

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

Approved April 24, 19 59

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

Title _____

District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 427, Hobbs, New Mexico

By: _____

Title _____



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