

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 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 the 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 July 13, 1961
(Place) (Date)

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

Continental Oil Company Britt B-15, Well No. 10, in SE 1/4, NW 1/4,
(Company or Operator) (Lease)
F, Sec. 15, T. 20S, R. 37E, NMPM, Undesignated Pool
Unit Letter

Lea County. Date Spudded 5-12-61 Date Drilling Completed 6-4-61

Please indicate location:

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

Elevation 3555 Total Depth 6980 PBD 6652

Top Oil/Gas Pay 5782 Name of Prod. Form. Blindbry

PRODUCING INTERVAL -

Perforations 5782-5802

Open Hole _____ Depth _____
Casing Shoe _____ Tubing 6528

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): 137 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Choke Size 17/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------|------|------|
| 13 3/8" | 341 | 400 |
| 9 5/8" | 3999 | 2200 |
| 7" | 6979 | 370 |

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): 9,000 gal. H.C. acid

Casing Tubing _____ Date first new
Press. 900 Press. 100 oil run to tanks 6-4-61

Oil Transporter Atlantic Pipe Line Company

Gas Transporter Warren Petroleum Company

Remarks: Best Lower Zone Development Test

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: R. M. [Signature]
(Signature)

Title Acting District Superintendent
Send Communications regarding well to:

Name Continental Oil Company

Address Box 427 - Hobbs, New Mexico

CC: NMOC (4) File