

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~LEASE~~ 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

December 27, 1960

(Place)

(Date)

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

Continental Oil Company
(Company or Operator)

Britt B-15
(Lease)

Well No. 11

in SE

1/4 SW

1/4

N Unit Letter, Sec. 15, T. 20S, R. 37E, NMPM, Monument Tubb

Pool

Lea

County. Date Spudded. 9-23-60

Date Drilling Completed 10-31-60

Please indicate location:

Elevation 3564

Total Depth 6952

PSTD 6514

Top Oil/Gas Pay 6454

Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 6454-60; 6482-88; 6504-11

Open Hole

Depth

Depth

Casing Shoe 6951

Tubing 6428

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): 71 bbls. oil, 33 bbls. water in 24 hrs, _____ min. 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): 6,000 gals. 15% LSTNe acid (2,000 gals. for each set of perms.)

Casing Tubing Date first new

Press. Press. oil run to tanks 12/28/60

Oil Transporter Atlantic Pipe Line Company

Gas Transporter Warren Petroleum

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: _____

(Signature)

By: _____

Title District Superintendent

Send Communications regarding well to:

Title _____

Name Continental Oil Company

Address Box 427, Hobbs, N. M.

CC: NMCC (4) File