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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - ^{HOBBS} ~~ALLOWABLE~~ ^{REVENUE} ~~ALLOWABLE~~

APR 27 8 21 AM '64

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 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

4-21-64

(Place)

(Date)

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

Continental Oil Company Britt B, Well No. 13, in NW 1/4 NW 1/4,

(Company or Operator)

(Lease)

D 15, T 208 37E, NMPM, Monument Tubb Pool

Unit Letter

D

County. Date Spudded WO 3-23-64 Date Drilling Completed WO 4-9-64

Elevation 3568 DF Total Depth 6621 PBD 6579

Top Oil/Gas Pay 6484 Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 6547, 6551, 6563, & 6577 W/1 JSPE

Open Hole Depth 6620 Casing Shoe 6620 Depth 6540 Tubing

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 Choke load oil used): 32 bbls. oil, 4 bbls water in 24 hrs, _____ min. Size Pump

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 perf 6547-6577 W/1000 gal

Casing Press. 60 Tubing Press. _____ Date first new oil run to tanks 4-8-64

Oil Transporter Atlantic Pipe Line Co.

Gas Transporter Warren Petroleum Corp.

Remarks: Squeezed off Tubb Gas perms 6484-6579 W/200 sx. Drilled out cmt to 6579/

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)

Signed: ROBERT GAULT III

By: _____ (Signature)

Staff Supervisor

Title _____ Send Communications regarding well to:

Name Continental Oil Company

Address Box 460-Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

NMOCC (5) ABS PAN AM-HBS (3) ATL-ROSW (2)

CAITE - Hobbs, Mid (1)