

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 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.

Eunice, New Mexico

October 30, 1962

(Place)

(Date)

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

Continental Oil Company

Britt B-15

Well No. 14

in NW

SW

1/4

(Company or Operator)

(Lease)

L

Sec. 15

T. 20-S

R. 37-E

NMPM,

Monument Tubb

Pool

Lea

County. Date Spudded. 9-12-62

Date Drilling Completed

10-6-62

Please indicate location:

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

Elevation 3557' KB

Total Depth 6600

FBID

Top Oil/Gas Pay

Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 6504-13', 6520'-26', 6538-44'

Open Hole

Depth

Depth

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): 136 bbls. oil, 15 bbls ~~water~~ in 19 hrs, - min. Choke 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, oil, and sand): 6000 gals 15% LSTNE acid.

Casing _____ Tubing _____ Date first new

Press. _____ Press. 1,000 oil run to tanks 10-13-62

Oil Transporter Atlantic Pipe Line

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>1191'</u>	<u>550</u>
<u>5 1/2"</u>	<u>5426'</u>	
<u>5 1/2"</u>	<u>1220'</u>	<u>420</u>

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)

By: _____

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

0/3 NMOCC; WAM; File