

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 it is delivered into the stock tanks. Gas must be reported on 15.025 psia at 80° Fahrenheit.

Hobbs, New Mexico

February 11, 1960

(Place)

(Date)

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

Continental Oil Company

SERU DT

70

NE

SE

(Company or Operator)

(Lease)

I

15

T

20S

R

37E

NMPM,

Weir

Pool

Unit Letter

Lea

County. Date Spudded **11-16-59**

Date Drilling Completed **12-28-59**

Elevation **3552**

Total Depth **7200**

PBTD **6979**

Please indicate location:

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

Top Oil/Gas Pay **64.58**

Name of Prod. Form. **Drinkard**

PRODUCING INTERVAL - Drinkard 6671 - 6900

Perforations 6671-90, 6695-98, 6826-30, 6834-40, 6862-76, 6886-6900.

Open Hole

-

Depth

7199

Depth

-

Casing Shoe

Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **83** bbls. oil, **14** bbls water in **6** hrs, **0** min. Size **21/64"** Choke

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 mud acid, 15,000 gal 15% LSTNE retarded acid**

Casing _____ Tubing _____ Date first new _____ **2-11-60**
Press. _____ Press. _____ oil run to tanks

Oil Transporter **Atlantic Pipe Line Co.**

Gas Transporter **Warren Petroleum Co.**

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	336	400
9 5/8	4005	1500
7	7199	410

Remarks: **Dual completed in the Weir - Weir Tubb Pools**

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: _____

By: _____

(Signature)

Title: **District Superintendent**

Send Communications regarding well to:

Continental Oil Company

Name: _____
Address: **Box 427, Hobbs, New Mexico**