

**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 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

3-21-62

(Place)

(Date)

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

Continental Oil Company Lockhart A-27, Well No. 4, in NW  $\frac{1}{4}$  NW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

D, Sec. 27, T. 21S, R. 37E, NMPM., Paddock Pool  
Unit Letter

Lea

County. Date Spudded 3-13-62 Date Drilling Completed 3-17-62

Please indicate location:

Elevation 3433' KB Total Depth 7782' PBD 6600'

Top Oil/Gas Pay 5130 Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 5130-43', 5152-65'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 7778' Depth \_\_\_\_\_  
Tubing 5150

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 Choke  
load oil used): 19 bbls. oil, 64 bbls water in 24 hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size Feet Sax

<u>2 3/8</u>	<u>5230</u>	
<u>1 3/8</u>	<u>225</u>	<u>500</u>
<u>1 1/8</u>	<u>2744</u>	<u>500</u>
<u>1</u>	<u>7778</u>	<u>100</u>

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% acid

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks 3-20-62

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter Skelly Pipe Line

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: J. R. Parker  
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico

0/3 NMCC WAM File