

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New MexicoREQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE 008
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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Alunice, New Mexico 9-10-55
(Place) (Date)

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

Continental Oil Company Leakey 1-27, Well No. 7, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

R, Sec. 27, T. 21S, R. 37E, NMPM., Blinebry Pool
(Unit)

Lea County. Date Spudded 6-9-55, Date Completed 7-28-55

Please indicate location:

X			

Elevation 3429 Total Depth 6630, P.B. 6547

Top oil/gas pay 5510 Name of Prod. Form Blinebry

Casing Perforations: 5510-70, 5625-5750 or

Depth to Casing shoe of Prod. String 6629

Natural Prod. Test..... BOPD

based on..... bbls. Oil in..... Hrs..... Mins.

Test after acid or shot..... BOPD

Based on..... bbls. Oil in..... Hrs..... Mins.

Gas Well Potential 6280 MCFPD, 480 bbls distillate

Size choke in inches 2 5/64"

Date first oil run to tanks or gas to Transmission system: 7-19-55

Transporter taking Oil or Gas: El Paso Nat. Gas Co.

Casing and Cementing Record

Size Feet Sax

<u>13-3/8</u>	<u>216</u>	<u>250</u>
<u>9-5/8</u>	<u>265 1/2</u>	<u>1350</u>
<u>7</u>	<u>6629</u>	<u>650</u>

Remarks:.....

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved September 10 1955

OIL CONSERVATION COMMISSION

By: [Signature]

Title [Signature]

Continental Oil Company

(Company or Operator)

By: [Signature]

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Mr. W. E. Allen

Address Box 68, Alunice, New Mexico