

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

REQUEST FOR ~~WELL~~ (GAS) ALLOWABLE HOBBS OFFICE OCT 10 1955
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.

Eunice, New Mexico 9-20-55
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:
Continental Oil Company Lockhart E-35, Well No. 2, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
B, Sec. 35, T. 21S, R. 37E, NMPM, Blaine Pool
(Unit)
Lea County. Date Spudded 8-31-55, Date Completed 9-18-55

Please indicate location:

		X	

Elevation 3384 DF Total Depth 6555, P.B. 6547

Top oil/gas pay 5500 Name of Prod. Form Blaine

Casing Perforations: 5500-85, 5625-70, 5695-5755 or

Depth to Casing shoe of Prod. String

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 199 bbls distillate BOPD

Based on 199 bbls. Oil in 24 Hrs. Mins.

Gas Well Potential 5000 MCFPD

Size choke in inches 36/64"

Date first oil run to tanks or gas to Transmission system: 9-19-55

Gas: El Paso Natural Gas Co.

Transporter taking Oil or Gas: Distillate: Texas - New Mexico PL Co.

Casing and Cementing Record

Size Feet Sax

<u>13-3/8</u>	<u>254</u>	<u>200</u>
<u>9-5/8</u>	<u>2434</u>	<u>450</u>
<u>7</u>	<u>6554</u>	<u>500</u>

Remarks:

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: C. M. Zales

Title Engineer District I

Continental Oil Company

(Company or Operator)

By: W. E. Allen

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Mr. W. E. Allen

Box 68 Eunice New Mexico