

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

June 6, 1957

(Place)

(Date)

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

Continental Oil Company SE 1/4 - McKee

Well No. 57, in NE 1/4 SE 1/4,

(Company or Operator)

(Lease)

I

Sec. 19

T. 20S

R. 38E

NMPM.

Warren-McKee

Pool

Unit Letter

Lea

County. Date Spudded 3-9-57

Date Completed 5-30-57

Please indicate location:

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

Elevation 3553 Total Depth 9224 P.B.

Top oil/gas pay 9089 Name of Prod. Form McKee

Casing Perforations: 9089-96, 9112-27, 9135-44, 9152-58, or

Depth to Casing shoe of Prod. String

Natural Prod. Test 42 BOPD

based on 42 bbls. Oil in 24 Hrs. 0 Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential

Size choke in inches 36/64

Date first oil run to tanks or gas to Transmission system: 5-30-57

Transporter taking Oil or Gas: Shell Pipe Line Corp.

Casing and Cementing Record

Size Feet Sax

10 3/4	260	250
7 5/8	4000	1630
5 1/2	9223	520

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 Chief Clerk

Send Communications regarding well to:

Name:

Continental Oil Company

Address:

Box 427, Hobbs, N. M.

OIL CONSERVATION COMMISSION

By:

Title