

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.

Hobbs, New Mexico

Sept. 13, 1957

(Place)

(Date)

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

Continental Oil Company

Warren McKee

62

NE

SW

(Company or Operator)

20

20

(Lease)

38

Well No.

62

1/4

1/4

Sec.

T

R

NMPM,

Warren McKee

Pool

Unit Letter

Lea

County Date Spudded

7-2-57

Date Drilling Completed

8-29-57

Please indicate location:

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

Elevation

9064

Total Depth

9250

PBTD

Top Oil/Gas Pay

Name of Prod. Form.

McKee Sand

PRODUCING INTERVAL -

Perforations 9185-66, 9152-53, 9137-38, 9122-23, 9107-08, 9087-88, 9076-77, 9067-68

Open Hole

Depth

9249

Depth

9249

OIL WELL TEST -

Natural Prod. Test:

156

0

24

0

Choke 25/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used):

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):

Casing

Tubing

Date first new

9-13-57

Press.

Press.

oil run to tanks

Oil Transporter

Shell Pipe Line Corp.

Gas Transporter

Warren Petr. Corp.

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:

(Signature)

Dist. Chief Clerk

Title

Send Communications regarding well to:

Continental Oil Company

Name

Box 427, Hobbs, New Mexico

Address