

REQUEST FOR (OIL) - (GAS) ALLOWABLE
New Zone - Triple Completion

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

Eunice, New Mexico

7-16-63

(Place)

(Date)

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

Continental Oil Co.

Warren Unit

Well No. 26

in SW 1/4

SW 1/4

(Company or Operator)

(Lease)

M

Sec. 27

T. 20S

R. 38E

NMPM.

Warren Drinkard

Pool

Unit Letter

Started

Lea

County. Date Spudded 6-26-63

Date Well Completed 7-8-63

Elevation 3532

Total Depth 6800

PBTD

Please indicate location:

Top Oil/Gas Pay 6630

Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations

Open Hole 6680-6800

Depth

Casing Shoe 6679

Depth

Tubing 6718

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 acid load oil used): 166 bbls. oil, 22 bbls. water in 24 hrs, _____ min. Size 16/64 Choke

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): 10,000 15% acid

Casing _____ Tubing _____ Date first new oil run to tanks 7-6-63
Press. _____ Press. 50

Oil Transporter Shell Pipe Line Corporation

Gas Transporter Warren Petroleum Corporation

Remarks: On IP, Drinkard OH interval flowed 166 BO, 22 BAW W/290 MCFG in 24 hrs, GOR 1747, choke 16/64, TP 50#,

NMOCC-4 ABS File

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

Continental Oil Company

Approved _____, 19____

(Company or Operator)

SIGNED T. R. PARKER

By: _____ (Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____