

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
(Place)

Sept. 18, 1957
(Date)

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

Continental Oil Company Warren Unit McKee, Well No. 22, in NE 1/4 SW 1/4,

(Company or Operator)

(Lease)

K, Sec. 29, T. 20, R. 38, NMPM, Warren McKee Pool

Unit Letter

Lea

Please indicate location:

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

County. Date Spudded. 7-12-57 Date Drilling Completed 9-3-57
Elevation 3532 Total Depth 9207 PBD 9161

Top Oil/Gas Pay 8965 Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations 8965-66, 8976-77, 8998-99, 9025-26, 9035-36, 9049-50, 9071-72,
9108-09, 9123-24. Depth Casing Shoe 9207 Depth Tubing 9161

OIL WELL TEST -

Natural Prod. Test: 262 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 30/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: 94 MCF/Day; Hours flowed 24 Choke Size 30/64

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
Press. Press. oil run to tanks 9-17-57

Oil Transporter Shell Pipe Line Corp.

Gas Transporter Warren Petr. Corp.

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	256	250
7 5/8	3999	700
5 1/2	9206	230

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: [Signature]

Title:

(Company or Operator) -

By: [Signature]
(Signature)

Title: District Chief Clerk

Send Communications regarding well to:

Name: Continental Oil Company

Address: Box 427, Hobbs, New Mexico