

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

Hobbs, New Mexico

May 6, 1958

(Place)

(Date)

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

Continental Oil Company

Warren McKee

25

SE

1/4

1/4

(Company or Operator)

29

(Lease)

20

Warren McKee

Sec.

T.

R.

NMPM.

Pool

Unit: Letter

County. Date Spudded

3-4-58

Date Drilling Completed

4-26-58

Please indicate location:

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

Elevation 9030 Total Depth 9218 PSTD

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

PRODUCING INTERVAL -

9132-30, 9120-13, 9106-04, 9094-92, 9072-70, 9055-53,

9032-30,

Open Hole Depth 9215 Depth Casing Shoe 8996

OIL WELL TEST -

Natural Prod. Test: 317 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke 32/64

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. 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):

Casing Press. Tubing Press. Date first new oil run to tanks 5-6-58

Shell Pipe Line Corp.

Oil Transporter

Warren Petr. Corp.

Gas Transporter

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)

District Superintendent

Send Communications regarding well to:

Continental Oil Company

Name:

Box 427, Hobbs, N. M.

Address: