

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

Hobbs, New Mexico

November 25, 1955

(Place)

(Date)

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

Continental Oil Company Warren Unit Elinebry 19, Well No. 19, in SE 1/4 NE 1/4,

(Company or Operator) Sec. 33, T. 20S, R. 38E, NMPM., UNDESIGNATED Pool

(Unit) Lea County. Date Spudded 10-2-55, Date Completed 10-31-55

Please indicate location:

			X

7119

Elevation 3524' Total Depth 6087' P.B.

Top oil/gas pay XXX 5784' Name of Prod. Form Elinebry 5835' (Marker)

Casing Perforations: 5903-5912', 5781-5810', 5850-5880' or

Depth to Casing shoe of Prod. String 5984'

Natural Prod. Test BOPD based on bbls. Oil in Hrs. Mins.

Test after acid or shot 290 BOPD

Based on 72 1/2 bbls. Oil in 6 Hrs. Mins.

Gas Well Potential

Size choke in inches 3/4

Date first oil run to tanks of gas to Transmission system 11-20-55

Transporter taking Oil or Gas XXXXX Shell Pipe Line 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)

By: _____

District Superintendent

Title _____

Title _____

Send Communications regarding well to:

Continental Oil Company

Name _____

Box 427, Hobbs, New Mexico

Address _____