

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

~~Non-Test~~
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.

Eunice, New Mexico 7-20-59
(Place) (Date)

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

Continental Oil Company State E-17, Well No. 5, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L 17 22 36 Jalmat Pool
Unit Letter Sec. T. R. NMPM.

Lea County. Date Spudded 2-2-39 Date Drilling Completed 3-7-39

Please indicate location:

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

Elevation 3597 Total Depth 3827 FBD 3480

Top Oil/Gas Pay 3380 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 3380-86', 3405-70'

Open Hole _____ Depth _____ Casing Shoe 3728 Depth _____ Tubing 3395

OIL WELL TEST -

Natural Prod. Test: 80 bbls. oil, 5 bbls water in 6 hrs, _____ min. Choke Size 22/64

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 Size _____

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. 550 Tubing Press. 385 Date first new oil run to tanks 7-16-59

Oil Transporter Texas-New Mexico Pipe Line Co

Gas Transporter United Carbon Co

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10 3/4</u>	<u>287</u>	<u>255</u>
<u>7 5/8</u>	<u>1449</u>	<u>425</u>
<u>5 1/2</u>	<u>3728</u>	<u>425</u>
<u>2</u>	<u>3395</u>	

Remarks:

This was a gas well which produced oil. Tubing was installed 7-14-59; well now classified as an oilwell.

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: J. R. Parker
(Signature)

Title District Superintendent

Send Communications regarding well to:

By: _____

Title _____

Name J. R. Parker, Box 68, Eunice, N-M

Address 0/3 NMOCC