

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

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

New Well
[Handwritten Signature]

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.

Burice, New Mexico

5-6-63

(Place)

(Date)

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

Continental Oil Company Skaggs B-12 Well No. **5**, in **NIS** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

C

Sec. **12**

T. **20-S**

R. **37-E**

NMPM,

Skaggs Glorieta

Pool

Unit Letter

Lea

County Date Spudded **3-11-63**

Date Drilling Completed **3-29-63**

Please indicate location:

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

Elevation **3583' DF** Total Depth **6970' LM** PBTD **-**

Top Oil/Gas Pay **5275'** Name of Prod. Form. **Glorieta**

PRODUCING INTERVAL -

Perforations **5279-82, 5289-92, 5297-5300, 5303-06, 5312-14**

Open Hole **-** Depth **6969** Casing Shoe **5214** Depth **5214** Tubing

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 load oil used): **96** bbls. oil, **96** bbls water in **24** hrs, **-** min. Size **-** 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): **5000 gal 15% acid.**

Casing Press. **-** Tubing Press. **-** Date first new oil run to tanks **4-25-63**

Oil Transporter **Shell Pipeline Corp.**

Gas Transporter **Warren Petroleum Corp.**

Remarks: **IP SWB 96 BBLs 30.9 DEG GRAY OIL, 96 BAW W/18.1 MCFG IN 24 HRS. GOR 188. EST DAILY ALLOW 48 BO.**

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]** (Signature)

Title **District Superintendent**

Name **Continental Oil Company**

Box **68** **Burice, New Mexico**

WAM File