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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

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

Eunice, New Mexico

9-4-63

(Place)

(Date)

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

Continental Oil Company

Britt B

Well No. **19**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

B

Sec. **15**

T. **20-S**

R. **37-E**

NMPM.,

Monument Tubb

Pool

Unit Letter

Lea

County. Date Spudded **8-5-63**

Date Drilling Completed **8-18-63**

Please indicate location:

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

Elevation **3574' DF** Total Depth **6700** FBTD **-**

Top Oil/Gas Pay **6481** Name of Prod. Form. **Tubb**

PRODUCING INTERVAL - **6481-84, 6493-96, 6517-20, 6526-29, 6540-43,**

6552-55, 6561-64, 6569-72, 6583-86, 6604-07 w/1

Perforations **JBPF.**

Open Hole **-** Depth Casing Shoe **6700** Depth Tubing **6612**

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): **148** bbls. oil, **No** bbls water in **12** hrs, **-** min. Size **15/64"** 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. **425** Date first new oil run to tanks **8-23-63**

Oil Transporter **Atlantic Pipe Line**

Gas Transporter **Warren Petroleum Corp. (Casinghead)**

Remarks: **On IP 8-23-63 FI 148 BO, no wtr. w/gas at rate of 365 MCFPD in 12 hrs. Gravity 40, 15/64" chk, DOR 296, GOR 1233, TP 425. Est daily allow 71 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)

By: _____ (Signature)

Title **District Superintendent**

Send Communications regarding well to:

Continental Oil Company

Name _____

Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

0/3 NMOCC ABS File