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NEW MEXICO OIL CONSERVATION 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.

Hobbs, New Mexico
(Place)

9-8-64
(Date)

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

Continental Oil Company SEMU Blinbry-Tubb, Well No. 84, in NE 1/4 NE 1/4,

(Company or Operator)

A, Sec. 22, T. 20S, R. 37E, NMPM, Monument Tubb Pool

Unit Letter

Lea

County. Date Spudded 8-5-64

Date Drilling Completed 8-26-64

Please indicate location:

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

Elevation 3951 DF

Total Depth 6625 PBD -

Top Oil/Water 6477

Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 6477, 6480, 6490, 6492, 6498, 6500, 6509 & 6517 w/1 JSPF

Open Hole - Depth Casing Shoe 6625 Depth Tubing 6477

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): 201 bbls. oil, 0 bbls water in 14 hrs, 0 min. Size 32/64

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): Acidized perfs 6477-6517 w/1000 gals 15% acid

Casing Press. Pkr Tubing Press. 50 Date first new oil run to tanks 9-1-64

Oil Transporter Atlantic Pipe Line

Gas Transporter Warren Petroleum Corp.

Remarks:

NMOCC(5) JM PanAm-Hobbs(3) Atl-Ros(2) Calif-Hou&Mid(1)

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 8-26-64, 19

Continental Oil Company
(Company or Operator)

By: (Signature)

Title Staff Supervisor

Name Send Communications regarding well to:

Continental Oil Company

Box 460, Hobbs, New Mexico

Address

OIL CONSERVATION COMMISSION

By:

Title