

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 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.

Hobbs, New Mexico 12-28-64
(Place) (Date)

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

Continental Oil Company SEMU Tubb, Well No. 86, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 14, T. 20-S, R. 37-E, NMPM, Monument-Tubb Pool
Unit Letter

Lea County. Date Spudded 11-27-64 Date Drilling Completed 12-19-64

Please indicate location:

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

660' FNL & 660' FWL

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	1358'	600
5 1/2"	6693'	700
2 7/8"	6488	

Elevation 3584 DF Total Depth 6700' FBT

Top Oil/Gas Pay 6488 Name of Prod. Form. Tubb

PRODUCING INTERVAL 6488-6586

Perforations 6491, 6494, 6498, 6532, 6536, 6543, 6569, & 6584 W/1 JSPP

Open Hole Depth 5 1/2" Casing Shoe 6700' Depth Tubing 6488'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 230 bbls. oil, No bbls water in 17 hrs, 0 min. Choke Size 20/64

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): Treated with 5000 gals mud acid.

Casing Tubing Date first new Press. Press. oil run to tanks 12/23/64

Oil Transporter Atlantic Pipe Line Company

Gas Transporter Warren Petroleum Company

Remarks: _____

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

Approved December 28, 1964 Continental Oil Company

SIGNED: ROBERT PAUL TUBB
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: _____
(Signature)

Title Staff Supervisor
Send Communications regarding well to:

Title _____

Name Continental Oil Company

NMOCC-5, JM Pan Am Hobbs-3, Atl-Ros 2, Address P.O. Box 460, Hobbs, N.M.
Calif-Hous & Mid- 1 each