

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well.

DUPLICATE to the same District Office to which Form C-101 was sent. The allowable date of completion or recompletion, provided this form is filed during calendar year. The completion date shall be that date in the case of an oil well when new oil is delivered on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

April 21, 1958

(Place)

(Date)

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

Continental Oil Company

State D-15 No. 8

Well No. 8, in SE 1/4 SE 1/4,

(Company or Operator)

(Lease)

P

Sec. 15

T. 21S

R. 36E

NMPM.

Emont

Pool

Unit Letter

Lea

Please indicate location:

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

County. Date Spudded

Date Drilling Completed

Elevation 3564

Total Depth 3908

PBTD

3611

Top Oil/Gas Pay 3494

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3494 - 3648

Open Hole Depth

Casing Shoe 3686

Depth

Tubing 3236

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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: 41,000 MCF/Day; Hours flowed 12

Choke Size _____ Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 16,000 gals. oil, 16,000# sand.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Nat. Gas Co.

Remarks: Plugged back and completed as gas well in the Queen formation.

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)

By: _____

Title District Engineer

Send Communications regarding well to:

Title _____

Name Continental Oil Company

Address Box 427, Hobbs, N. M.