

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
(Place)

August 6, 1958
(Date)

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

Continental Oil Company Lockhart E-28, Well No. 6, in NE 1/4, NE 1/4,
(Company or Operator) (Lease)
A, Sec. 28, T. 21, R. 36, NMPM., Dumont (Gas) Pool
Unit Letter

Lea

Please indicate location:

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

660' from N & E lines

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	349	250
5 1/2	3949	570

County. Date Spudded 4-6-58 Date Drilling Completed 4-18-58
Elevation 3567 Total Depth 3950 PBD -
Top Oil/Gas Pay 3123 Name of Prod. Form. Seven Rivers-Queen
PRODUCING INTERVAL - 3123-3671
3123-25, 28-31, 34-36, 39-44, 48-56, 62-64, 68-70;
Perforations 71-75, 82-85, 90-94, 3202-04, 3288-3302, 339-93, 98-3401;
41-47, 64-74, 81-85, 3404-07 Depth
Open Hole 37 1/2" 16 5/8" 22 3/4" Casing Shoe 3949 Depth
32-38, 36-40, 11-14, 15-16, 27 1/2", 31-36, 66-74.
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): _____ bbls. oil, _____ bbls water in _____ 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): 2000 gal. acid, 20,000 gal. crude w/1% sand, .01% Adomite/gal.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 8-6-58

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: _____

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

Approved _____, 19 _____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Continental Oil Company

(Company or Operator)

By: _____
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 427 - Hobbs, New Mexico