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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 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

10:15:00 AM (Time)

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.

Bunice, New Mexico

12-17-62

(Place)

(Date)

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

Continental Oil Company

Hawk "A"

Well No. **4**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

U

Sec. **4**

T. **21-S**

R. **37-E**

NMPM, **Drinkard**

Pool

Unit Letter

Lea

County. Date Spudded **10-9-62**

Date Drilling Completed **10-29-62**

Elevation **3497'**

Total Depth **6778'** PBTD **6698'**

Top Oil/Gas Pay **6590'**

Name of Prod. Form. **Drinkard**

PRODUCING INTERVAL -

Perforations **6590-94', 6596-98', 6601-04', 6610-12', 6618-26',**

6630-32'

Depth

Open Hole

-

Casing Shoe

6778'

Depth

Tubing

6692'

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): **125** bbls. oil, **0** bbls. water in **24** hrs, _____ min. Choke Size **16/64"**

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): **2000 Gal. acid, 15,000 Gal. crude, 12,000 lbs. sd., 750 lbs.**

"ADONITE".

Casing Press. **0**

Tubing Press. **250**

Date first new oil run to tanks

12-16-62

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Skelly Oil Company (Casinghead)**

Remarks: **Perfs. Cont'd - 6644-48', 6660-64', 6668-72', 6676-80'**
EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.

NMOCC-4 WAM FILE

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)

Title **District Superintendent**

Send Communications regarding well to:

Name **Continental Oil Company**

Box 68 - Bunice, New Mexico

Address

By: _____

Title _____