

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.

Eunice, New Mexico

1-29-62

(Place)

(Date)

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

Continental Oil Company

Hawk A-8

Well No. 1

in SE 1/4 NE 1/4

(Company or Operator)

(Lease)

H

Unit Letter

Lea

Sec. 8

T. 21S

R. 37E

NMPM,

Eunice

Pool

County Date ~~Spud~~ Work Started

1-16-62

Date ~~Spud~~ Work Completed

1-20-62

Elevation 3532' KB

Total Depth 6733'

PBTD 6490'

Top Oil/Lease Pay 3507'

Name of Prod. Form.

Queen & Penrose

PRODUCING INTERVAL -

Perforations 3507-20', 3525-40', 3555-85', 3620-40', 3660-85'

Open Hole

Depth

Casing Shoe 6730'

Depth

Tubing

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 load oil used): 42 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 22/64"

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): 10,000 lbs crude, 10,000# Sd and 500# "ADONITE"

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 1-25-62

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter Skelly Oil Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	211	250
9 5/8	2866	1000
7	6796	800

Remarks:

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 Superintendent

Send Communications regarding well to:

Title _____

Name

J. R. Parker

Address

Box 68, Eunice, N. M.