

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

CORRECTED COPY

REQUEST FOR (GAS) ALLOWABLE

XXXXX
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 February 16, 1961
(Place) (Date)

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

Continental Oil Company Hawk B-8, Well No. 3, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

0 Sec. 8, T. 21-S, R. 37-E, NMPM, Eumont Pool
Unit Letter

Lee

Please indicate location:

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

work started **work**
County Date ~~XXXXX~~ 10-22-58 Date ~~XXXXX~~ Completed 5-27-59
Elevation 3513' DF Total Depth 6722' PBTD 6053'

Top ~~XX~~/Gas Pay 3568' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3568-3617', 3635-49', 3670-95'

Open Hole Depth Depth
Casing Shoe 6659' Tubing 3717'

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 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: 5,200 MCF/Day; Hours flowed 24

Choke Size _____ Method of Testing: open flow

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal acid, fraced w/24,000 gal trtmt, w/20
Casing Tubing Date first new
Press. Press. oil run to tanks ball sealers

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: This well was formerly a Drinkard Oil Well. The Drinkard zone was abandoned. Recompleted as a Eumont Gas Well in the Eumont Gas Pool. Request allowable based on 240 acres.

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 J. R. Parker
(Signature)

By _____ Title District Superintendent
Send Communications regarding well to:

Title _____

Name J. R. Parker

Address Box 68, Eunice, New Mexico

0/3 NMOCC WAM file

[illegible]