NEW MLAICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil of 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

into the stoc	k tanks. Gas	must be rep	orted on 15.025 psia at 60° Fahrenheit. Eur. Lea, New Mexico 9-8	_ 5 5
				Date)
			G AN ALLOWABLE FOR A WELL KNOWN AS:	
Contine	ntal Oil	Compan	y Name B=9 Well No. 1 , in SE	¹ /4,
Sec		G.	T. 21S , R. 37F , NMPM., 3linebry	Pool
(Unit)			County. Date Spudded	
	e indicata lo		County. Date Spudded, Date Completed	
, icas			Elevation 3302 DF Total Depth 6675	
			Elevation	
			Top oil/gas pay. 5645 Name of Prod. Form. Bline	bry
	X		Casing Perforations: 5645-5837	or
			Depth to Casing shoe of Prod. String	••••••
		+	Natural Prod. Test	BOPD
			based onbbls. Oil inHrs	Mins.
	••••••	***************************************	Test after acid or shot	B OPD
_	and Cementin	g Record	Based onbbls. Oil in	M:
Size	Feet	Sax	•	
13-3/8	225	200	Gas Well Potential 12,500 MCF gas, 24 bbls distil	race/day
9-5/8	2,790	500	Size choke in inches	
7	6,674	500	Date first oil run to tanks or gas to Transmission system: 9=5=55	()
			Gas: El Faso Natural Gas C Transporter taking Oil or Gas: Distillate: Texas = New Me Co.	
Remarks:	Drinkaro	(oil)	- Blinebry (gas) Bual Completion. Blinebry zo	ne teste
			bliverablisty as 600 psig is 10,800 MCFPD, del	
at 150	psig is	12,250	MOFFD.	
I hereby	certify that	the inform	ation given above is true and complete to the best of my knowledge.	
Approved		9 3 3 3 2 25	, 19 Jontinental Oil Company	
			(Company or Operator)	
OIL	CONSERV	ATION CO	OMMISSION By: (Signature)	
 By:	_". M	. X	Title District Superintendent	
•	Engineer		Send Communications regarding well to	:
Title		••••••••	Name No E. Allen	·
			Address Box 68, Eunice, New Mex	ico