

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

XXXX
XXXX

HOBBS OFFICE O. C. C.

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable was 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

3-30-64

(Place)

(Date)

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

Continental Oil Company Hawk B-1, Well No. 7, in SW 1/4 SW 1/4,

P (Company or Operator)

21S

(Leave)

Blaine

Pool

Lea

Sec. 9

T

R

NMPM.

WO 11-15-63

WO 12-23-64

County. Date Spudded

Date Drilling Completed

Elevation 3472

Total Depth 6750

PBTD

Top Oil/Gas Pay 5782

Name of Prod. Form.

Blaine

PRODUCING INTERVAL

5782, 5787, 5800, 5804, 5811, 5814, 5815, 5825, 5835, 5868, 5876, 5902, 5914, 5937, 5953, 5960, 5970, 5976.

Perforations

Open Hole

Depth 6723

Depth

5770

Casing Shoe

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): 15 _____ bbls. oil, 0 _____ bbls. water in 24 _____ hrs, 0 _____ 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: _____ 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): Treated in 3 stages with a total of 4,000 gal. acid

Casing 45 Tubing Date first new 3-27-64
Press. Press. oil run to tanks

Texas New Mexico Pipe Line Box 1510, Midland, Tex

Oil Transporter Skelly Oil Co., Box 1135, Eunice, N. M.

Gas Transporter

660° FSL & 660° FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

13 5/8	232	200
9 5/8	2779	500
7	6723	800
2 1/16	5770	

*5982, w/1 JSPP.

100,000 gal. crude, 90,000# sand, 4950# "ADONITE" additives and 256,500 SCF CO₂.

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

Approved _____, 19____

Continental Oil Company

Signed ROBERT GAULT III

By: _____ (Signature)

Staff Supervisor

Title _____

Send Communications regarding well to:

Name Continental Oil Company

Address Box 460, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____