

MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Dual Completion

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLENew 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 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.

Eunice, New Mexico 12-20-56

(Place)

(Date)

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

Continental Oil Co. Hawk B-10 Unit

Well No. 1, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B

Sec. 10

T. 21

R. 37

NMPM,

Tubb

Pool

(Unit)

Lea

Started

County. Date ~~Started~~ 10-29-56

Date Completed 12-19-56

Please indicate location:

		X	

Elevation 3446' Total Depth 6723' P.E. 6719'

Top oil/gas pay 6190' Name of Prod. Form Tubb

Casing Perforations: 6190-6250' or

Depth to Casing shoe of Prod. String

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential Cal open flow potential 535 MCFPD

Size choke in inches

Date first oil run to tanks or gas to Transmission system: Not connected

Transporter taking Oil or Gas: El Paso Natural Gas Co.

Casing and Cementing Record

Size Feet Sax

10 3/4	245	200
7 5/8	3049	935
5 1/2	6722	452

Remarks: LC 031741b Dual completed in Drinkard - Tubb formations 12-19-56.
The Drinkard Oil Zone is designated Hawk B-10 No 1.

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: *E. Fischer*

Title _____

By: *A. G. Lauren*

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name _____

Address Box 68, Eunice, New Mexico