

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 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.

Eunice, New Mexico

3-20-62

(Place)

(Date)

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

Continental Oil Company State 10, Well No. 1, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

D Sec. 10, T. 21S, R. 37E, NMPM, Wantz Abo Pool
Unit Letter

Lea

County. Date ~~Started~~ 3-2-62 Date ~~Completed~~ 3-13-62

Please indicate location:

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

Elevation 3473' KB Total Depth 8285' PBD 7715'

Top Oil/Gas Pay 6925 Name of Prod. Form. Abo

PRODUCING INTERVAL - Perf Tail Pipe 7070-7074'

Perforations 6925-35', 6960-80', 6990-7000', 7045-55', 7075-

Open Hole _____ Depth 8279' Depth 7080' 85
Casing Shoe Tubing

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
load oil used): 269 bbls. oil, 20 ~~XXXXXX~~ BAW in 24 hrs, _____ min. Size Pkr Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>2-3/8</u>	<u>7096</u>	
<u>1 1/2</u>		
<u>1</u>		
<u>7</u>		

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): 7045-85' w/5000 gal acid & 6925-7000 w/7500 gal acid

Casing Pkr Tubing _____ Date first new _____
Press. _____ Press. 0 oil run to tanks 3-16-62

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter Skelly Oil Company

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: J. R. Parker
(Signature)

Title: District Superintendent
Send Communications regarding well to:

Name: J. R. Parker

Address: Box 68, Eunice, New Mexico

o/3 NMCCC WAM File