

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 the 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

9-10-59

(Place)

(Date)

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

Continental Oil Company Lockhart B-11, Well No. 8-TB, in SW 1/4 SE 1/4,

(Company or Operator)

(Lease)

0, Sec. 11, T. 21S, R. 37E, NMPM, Drinkard Pool

Unit Letter

Lea

County. Date Started 9-3-59

Work Date Completed 9-6-59

Elevation 3422' DF Total Depth 7577' FBTD 6860'

Please indicate location:

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

Top Oil 6560' Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 6560'-6600', 6612-6650'

Open Hole Depth 7576' Casing Shoe 6486' Tubing

OIL WELL TEST -

Natural Prod. Test: 82 bbls. oil, 8 bbls water in 17 hrs, min. Size 16/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	268'	250
9 5/8	2996'	2100
7	7576'	861
2	6486'	

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):

Casing Press. 0# Tubing Press. 300# Date first new oil run to tanks September 9, 1959

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter Skelly Oil Co.

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)

By: (Signature)

Title District Superintendent

Send Communications regarding well to:

J. R. Parker

Name

Address Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By:

Title
O/4 NMOCC WAM Pan-Am-Hobbs(2)
Atlantic-Mid(2) File