

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

REQUEST FOR (OIL) - (~~Gas~~) ALLOWABLE

~~Request~~
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 QUADRUPPLICATE 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 6-24-57
(Place) (Date)

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

Continental Oil Company Hawk B-3, Well No. 6-TB, in 1/4 1/4

(Company or Operator) (Lease)
P Unit Letter, Sec. 3, T. 21, R. 37, NMPM, Blinebry Pool
Lea County. Date started 5-14-57, Date Completed 6-5-57

Please indicate location:

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

Elevation 3481' Total Depth 6782' P.B. 6620'

Top oil/gas pay 5783' Name of Prod. Form Blinebry

Casing Perforations 5783-5820', 5852-5900', 6008-42' or

Depth to Casing shoe of Prod. String

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 194 BOPD

Based on 57 bbls. Oil in 7 Hrs. Mins.

Gas Well Potential

Size choke in inches 1 8/64"

Date first oil run to tanks or ~~gas to tanks~~ 6-5-57

Transporter taking Oil or Gas: Shell Pipe Line Corp.

Casing and Cementing Record

Size	Feet	Sax
13 3/8	222	250
9 5/8	2819	650
7	6781	675

Remarks: This well was plugged back from Drinkard Pool to Blinebry Pool 6-5-57. The well designation was changed from Hawk B-3 No. 1 to Hawk B-3 No. 6-TB. LC 031741 b

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)

By: _____

Title: District Superintendent
Send Communications regarding well to:

Title _____

Name: J. R. Parker

Address: Box 68, Eunice, New Mexico