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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New 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 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Eunice, New Mexico

12 September, 1962

(Place)

(Date)

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

Continental Oil Company Hank B-3, Well No. 13, in Lot 1 xx,
(Company or Operator) (Lease)

Lot 1, Sec. 3, T. 21-S, R. 37-E, NMPM, Blinberry Pool
Unit Letter

Lea

County Lea Date Spudded 3466' DF Date Drilling Completed 6760'

Please indicate location:

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

Elevation 3466' DF Total Depth 6760' FBTD 6749'

Top Oil/Gas Pay 5760' Name of Prod. Form. _____

PRODUCING INTERVAL - 5760-95', 5822-27', 5859-66', 5880-90', 5896-5903'

Perforations 5965-70', 5990-6000', 6045-50'

Open Hole _____ Depth _____ Casing Shoe 6759' Depth _____ Tubing 5806'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 110 bbls. oil, 0 bbls water in 15 hrs, 30 min. Choke Size 16/64"

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): 1000 Gal acid, 15,000 Gal frac, 15,000 lbs sand, 400 lbs

"Adomite" _____ Tubing _____ Date first new _____
Casing _____ Press. _____ oil run to tanks _____

Oil Transporter Shell Pipe Line Corporation, Midland, Texas

Gas Transporter Skelly Oil Company, Eunice, New Mexico

Remarks: IP FL 110 BO no water in 15.5 hrs, w/gas at rate of 83.9 MCFPD on 16/64" chk.

GOR 494, DOR 170

EFFECTIVE JANUARY 31, 1977,

SKELLY OIL COMPANY MERGED

INTO GETTYS OIL COMPANY

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:

Name Continental Oil Company

Address Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

0/3 NMOC WAM SW FILE