			NEV	V MEXICO O	IL CONSERV anta Fe, New		COMMISS	ION	R	(Form C-104) avised 7/1/57
			REQU	EST FOR	(OIL) -	(6779)	ALLOW	ABLE	_1	New Well Recompletion
Form C-10 able will b	04 is to b be assigne completi	e submi ed effect ion or r	mitted by tted in QU ive 7:00 A	the operator bef JADRUPLICA A.M. on date of on. The comple be reported on 1	ore an initial a TE to the sam completion o tion date sha 5.025 psia at	allowable e District r recompl ll be that 60° Fahre	will be assign Office to wh etion, provie date in the c enheit.	ich Form C ich Form C icd, this form ase of an oil	n Mifild du well when n	ang calendar
						(Place)				(Date)
Contin	ental	0 i 1	Compan	G AN ALLOW y Hawl	c B-3	, Well	No <u>1</u> -A	, in	NE	SE
Unit	Letter	, Sec		T. 218 W	R 37E	, NMPM. d 4-24-	-61 Data	antz Ab W/O Com	o pleted	Pool 5-4-61
	a ease indi			Elevation	3402	T	otal Depth	0041	PBIJ	
	C	B	A	Top Oil 🎘 Pay		N	ame of Prod.	Form	Abo	
				Perforations	6950-90,	7020-	-70, 711	.0 -30		
E	F	G.	H	Open Hole	None		Depth Casing Shoe	8014	Depth Tubing	7094
L	K	J	I	OIL WELL TEST		bbls.oil.	ԵԵ	ls water in	hrs,	Choke min. Size
			X	Test After Acid	d or Fracture]	reatment	after recove	ry of volume	of oil equa	l to volume of
M	N	0	P	load oil used)	bble	5,0il,	10 bbls w	ater in 24	hrs,	Chokenne Size
				GAS WELL TEST						
										i ze
	Casing an F		-	Method of Test	d or Fracture '	Ireatment:		MCF/	Day; Hours f	lowed
10-3/	/4 2	.68	250	Choke Size						
7-5/	/8 31	.28	1145	Acid or Fractu	re Treatment (C	Sive amount	ts of materia	ls used, such	n as acid, w Naing	ater, oil, and <u>straddle</u> pkrs
5-1,	/2 80)14	550	sand): 12,00 Casing Press	Tubing Press.	Date	first new un to tanks	May 9	, 1961	
2-7	10 70)94		Oil Transporte				orp.		<u> </u>
Remarks	Wel	l plu l de	signat:	ion was Ha	Brunson wk B-3 N	Pool a o. 2-E	nd recor New	npleted well des	signatic	z Abo Pool. on, effective
5-9-6	1, is	Hawk	B-3 N	0. 1-A. /	<u> </u>		1 is in	<u> </u>	aladan (Cleensen
I h	ereby cer	tify that	t the info	rmation given a	bove is true a	nd comple	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			Cleenser My
Approve			a come of	COMMISSION		1	flark	ompany or O		
/		JNSER		//			Dietri	(Signatur	c }	ent
Вус		C.	. /			Title	Send Comm	nunications 1	regarding we	ell to:
Title				Derric		Name	J. R.	Parker	•••••	
0/3	NMOCC	WA	M Fi	le		Address	Box 68	, Eunic	e, New I	Mexico

.