

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

~~NEED~~
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 7-28-59

(Place)

(Date)

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

Continental Oil Company Lockhart B-11, Well No. **1-A**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

D, Sec. **11**, T. **21**, R. **37**, NMPM., **Wantz Abo** Pool

Unit Letter

Lea

County Date Spudded **10-21-50**

Date Drilling Completed **12-5-50**

Please indicate location:

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

Elevation **3458** Total Depth **7758** PBD **7590**

Top Oil/Gas Pay **7270** Name of Prod. Form. **Abo**

PRODUCING INTERVAL -

Perforations **7270-90', 7294-7320', 7375-7425'**

Open Hole Depth **7750** Depth Casing Shoe **7238**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Gas lift load oil used): **23** bbls. oil, **0** bbls. water in **24** hrs, _____ min. Size **open**

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): **Acidize w/5000 gals**

Casing - Tubing - Date first new oil run to tanks **7-24-59**

Oil Transporter **Texas-New Mexico P. L. Co.**

Gas Transporter _____

Tubing, Casing and Cementing Record

Size Feet Sax

10 3/4	248	240
7 5/8	3049	1050
5 1/2	7750	770

Remarks: **Plugback from Brunson Pool; formerly known as No. 1-E**
032096 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: *[Signature]*
(Signature)

By: *[Signature]*

Title **District Superintendent**

Send Communications regarding well to:

Title _____

O/4 NMOCC Pan-Am-Hobbs-2
Atlantic-Mid-2

Name **J. R. Parker**

Address **Box 68, Eunice, N M**