

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 QUADRUPPLICATE to the same District Office to which Form C-101 was sent. An 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.

(Place)

(Date)

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

Continental Oil Company J. H. Nolan, Well No. 2, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. 11, T. 28S, R. 37E, NMPM, Drinkard Pool
(Unit)
Los County. Date Spudded 5-12-55, Date Completed 6-5-55

Please indicate location:

	X		

Elevation 3427.2 Total Depth 6711, P.B. _____

Top oil/gas pay 6472 Name of Prod. Form Drinkard

Casing Perforations: Open hole 6479-6711 or

Depth to Casing shoe of Prod. String 6479

Natural Prod. Test 73 BOPD

based on 1 1/6 bbls. Oil in 48 Hrs. _____ Mins.

Test after acid or shot 20 BOPD

Based on 20 bbls. Oil in 24 Hrs. _____ Mins.

Gas Well Potential 33.8 MCP

Size choke in inches 20/32

Date first oil run to tanks or gas to Transmission system: _____

Transporter taking Oil or Gas: Texas-New Mexico Pipeline Company

Casing and Cementing Record

Size Feet Sax

10-3/4	254	250
7-5/8	3049	1242
5-1/2	6479	467

Remarks: IP flowed 20 BOP, 3 BP, chrs 20/32 choke in 24 hrs. IP 20%, no CP, gas volume 33.8 MCP, GOR 1665, gravity 41. Tested 6-20-55.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

AUG 30 1955

OIL CONSERVATION COMMISSION

By: C. M. Kuder

Title _____

Continental Oil Company
(Company or Operator)

By: W. E. Allen
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name Mr. W. E. Allen

Address Box 68, Eunice, New Mexico