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PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

1962 MAY 24 PM 1:00

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.

Emilio, New Mexico
(Place)

5-21-62
(Date)

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

Continental Oil Company

Nolan

Well No. 3, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K

Sec. 11

T. 21-S

R. 37-E

NMPM.

Wants Abo.

Pool

Unit Letter

Lee

County. Date Spudded 3-14-62

Date Drilling Completed 4-8-62

Elevation 3446' KB Total Depth 7492' FBTD 7350'

Top Oil/~~Water~~ Day 6790' Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations See attached sheet

Open Hole _____ Depth _____ Casing Shoe 7492' Depth _____ Tubing 7338

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 53 bbls. oil, 77 bbls water in 24 hrs, _____ min. Size _____

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): See attached sheet

Casing _____ Tubing _____ Date first new _____ 5-18-62
Press. _____ Press. _____ oil run to tanks

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter Skelly

Remarks: _____

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)

By [Signature] (Signature)

Title District Superintendent

Send Communications regarding well to:

Name Box 68, Emilio, New Mexico

OIL CONSERVATION COMMISSION

By: _____

0/5 10000 - WAM - File