

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

1960
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 QUADRUPLICATE to the same District Office 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.

1962 APR 20 AM 10:02

Eunice, New Mexico April 19, 1962
(Place) (Date)

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

Continental Oil Company Lockhart B-12, Well No. 1, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

D, Sec. 12, T. 21S, R. 37E, NMPM., Drinkard Pool
Unit Letter

Lea

County. Date started 3-7-62 Date completed 3-30-62
work

Please indicate location:

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

Elevation 3483' KB Total Depth 8268' PBD 6905'

Top Oil/Gas Pay 6590' Name of Prod. Form. Drinkard

PRODUCING INTERVAL - 6590-6600', 6640-45', 6665-70', 6715-20',
Perforations 6730-6735', 6750-55'

Open Hole _____ Depth 8268' Depth 6696'
Casing Shoe Tubing

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 load oil used): 10 bbls.oil, 0 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 remarks below

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 4-18-62

Oil Transporter Texas-New Mexico

Gas Transporter Skelly

Remarks: Attempted to acidfrase perfs 6590-6825' W/10,000 gals. Formation
broke at 4500#. Treated at 6000# without sand. Tried sand
and put away 600 lbs.

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)

By: _____

Title District Superintendent
Send Communications regarding well to:

Title _____

Name J. R. Parker

0/3 NMCC WAM file

Address Box 68, Eunice, New Mexico