

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) ~~WELL~~ ALLOWABLE

New Well

HOBBS OFFICE ~~COOPERATIVE~~

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 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, Sept. 22, 1959
(Place) (Date)

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

Continental Oil Company M. E. Wantz, Well No. 5-A, in NE 1/4, SW 1/4,
(Company or Operator) (Lease)

K, Sec. 21, T. 21-S, R. 37-E, NMPM, Wantz-Abe Pool
Unit Letter

Lea

County Date Spudded 5-5-59 Date Drilling Completed 6-1-59
Elevation 3476' DF Total Depth 7350' PBD 7200'

Please indicate location:

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

Top Oil/Water Pay 7108' Name of Prod. Form. Abe

PRODUCING INTERVAL -

Perforations 7108-7175'

Open Hole Depth 7350' Depth Casing Shoe 7057' Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 145 bbls. oil, 80 bbls water in 21 hrs, min. Choke Size 1/2"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	287	350
7 5/8"	2868	900
5 1/2"	7407	700
2"	7075	

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): 11,000 Gals acid

Casing Press. 100 Tubing Press. 800 Date first new oil run to tanks 9-18-59

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks:

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

Approved SEP 24 1959, 19

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: J. R. Parker (Signature)

By: [Signature] District I

Title District Superintendent

Send Communications regarding well to:

Title

Name J. R. Parker

Address Box 68, Eunice, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office OCC)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1959 SEP 21 AM 8:22

Company or Operator Continental Oil Company Lease Mary E. Wantz
Well No. 5-A Unit Letter K S 21 T 21 R 37 Pool Wantz-Abo
County Lea Kind of Lease (State, Fed. or Patented) Patented
If well produces oil or condensate, give location of tanks: Unit N S 21 T 21 R 37
Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Company
Address Box 1510, Midland, Texas
(Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas Skelly Oil Company
Address Box 1135, Eunice, New Mexico Date Connected 9-18-59
(Give address to which approved copy of this form is to be sent)
If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well X
Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()
Change in Ownership () Other ()
Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____ 19 _____

O/L NMOCC; State Land Off-2
WAM; SW; file

By [Signature]

Approved SEP 23 1959 19 _____

Title District Superintendent

OIL CONSERVATION COMMISSION

Company Continental Oil Company

By [Signature]

Address Box 68, Eunice, New Mexico

Title _____