

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

~~XXXXXX~~
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 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

11-23-62

(Place)

(Date)

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

Continental Oil Company

Wantz

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

(Company or Operator)

(Lease)

P
Unit Letter

Sec. 21

T. 21S

R. 37E

NMPM.,

Blinebry

Pool

Lea

Started

11-9-62

Date ~~XXXXXX~~ Completed

11-11-62

Please indicate location:

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

510' FSL & 810' FEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8</u>	<u>209</u>	<u>250</u>
<u>9-5/8</u>	<u>2746</u>	<u>500</u>
<u>7</u>	<u>8364</u>	<u>950</u>
<u>2-3/8</u>	<u>5897</u>	

County Date Started 11-9-62

Elevation 3430

Total Depth 8304

FHTD 7390

Top Oil/Gas Pay 5520

Name of Prod. Form. Blinebry

PRODUCING INTERVAL - 5770-72, 5807-10, 5825-27, 5837-40,

5869-71, 5883-86, 5920-23

Perforations

Open Hole _____ Depth _____ Casing Shoe 8300 Depth _____ Tubing 5865

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 load oil used): 72 bbls, oil, 0 bbls water in 12 hrs, _____ min. Size 18/64 Choke

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): 500 gals acid, 20,000 gals lease crude, 30,000 lbs sand, 500 lbs Adomite, using 24 ball sealers

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. 200 oil run to tanks 11-14-62

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Skelly Oil Company (Casinghead)

Remarks:

Allowable request is for Blinebry zone only. Now attempting to dual complete in Glorieta.

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)

SIGNED: JOHN W. MOFFE, JR.

By: _____ (Signature)

Title Alternate for Dist. Supt.

Send Communications regarding well to:

Name Continental Oil Company

Address Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

NMOCC-4 WAM File