

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

**REQUEST FOR (OIL) - ~~WELL~~ ALLOWABLE**

New Well  
~~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 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.

**Eunice, New Mexico** ..... **November 3, 1961**  
(Place) ..... (Date)

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

**Continental Oil Company** ..... **Fields** ..... Well No. **1** ..... in **SE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$  .....  
(Company or Operator) ..... (Lease)  
**P** ..... Sec. **24** ..... T. **23S** ..... R. **32E** ..... NMPM ..... **Cruz Delaware** ..... Pool  
Unit Letter

**Lea** ..... County. Date Spudded **10-2-61** ..... Date Drilling Completed **10-13-61**

Please indicate location:

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

Elevation **3724' KB** ..... Total Depth **5217'** ..... PBD

Top Oil/G Pay **5110'** ..... Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations **5111-5114'**

Open Hole ..... Depth ..... Casing Shoe **5217'** ..... Depth ..... Tubing **5155'**

OIL WELL TEST -

Natural Prod. Test: **41** bbls. oil, **161** bbls water in **24** hrs, ..... min. Size **PMP**

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

GAS WELL TEST -

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

**Tubing, Casing and Cementing Record**

Size	Feet	Sax
<b>8 5/8</b>	<b>375</b>	<b>200</b>
<b>5 1/2</b>	<b>5220</b>	<b>150</b>
<b>2 3/8</b>	<b>5173</b>	

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):

Casing ..... Tubing ..... Date first new .....  
Press. ..... Press. ..... oil run to tanks **11-2-61**

Oil Transporter **Permian Corporation**

Gas Transporter **Flared**

Remarks: **5117' was shot with 4 jets and treated w/500 gals mud acid, 2000 gals lease crude, 3000 lbs 20/40 sd and 1 00 lbs "Adomite". 5117' squeezed w/100 sx.**

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: *Jim Melchior*  
(Signature)

By: *[Signature]*

Title **District Superintendent**

Send Communications regarding well to:

Title

Name **J. R. Parker**

**0/3 NMOC WAM file**

Address **Box 68, Eunice, New Mexico**