

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

New Well

REGISTRATION

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 11-27-61
(Place) (Date)

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

Continental Oil Company Marshall, Well No. 2, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

K 19 23S 33E, NMPM., Cruz Delaware Pool
Unit Letter

Lea County. Date Spudded 11-4-61 Date Drilling Completed 11-15-61

Please indicate location:

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

Elevation 3703' KB Total Depth 5216' PBD

Top Oil/Gas Pay 5098' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 5105-5109'

Open Hole _____ Depth Casing Shoe 5216' Depth Tubing 5085'

OIL WELL TEST -

Natural Prod. Test: 86 bbls. oil, 101 bbls water in 24 hrs, _____ min. Size _____

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 _____

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 11-24-61

Oil Transporter Permian Corporation

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7 5/8</u>	<u>366</u>	<u>200</u>
<u>4 1/2</u>	<u>5246</u>	<u>150</u>
<u>2 3/8</u>	<u>5102</u>	

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)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Title _____ Name J. R. Parker

Address Box 68, Eunice, New Mexico

0/3 NMOC WAM file