

REQUEST FOR (OIL) - (GAS) 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

1-11-62

(Place)

(Date)

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

Continental Oil Company

Marshall

Well No. 4

in NW

SW

1/4

(Company or Operator)

(Lease)

L

Sec. 19

T. 23S

R. 33E

NMPM, Cruz Delaware

Pool

Unit Letter

Lea

County. Date Spudded 12-26-61

Date Drilling Completed 1-5-62

Elevation 3714' KB

Total Depth 5230'

PBTD

Please indicate location:

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

Top Oil/Gas Pay 5088'

Name of Prod. Form. Delaware Sd

PRODUCING INTERVAL -

Perforations 5088-90', 5095-98'

Open Hole _____

Depth

Casing Shoe 5230'

Depth

Tubing 5078'

OIL WELL TEST -

Natural Prod. Test: 56 bbls. oil, 6 bbls water in 8 hrs, 30 min. Size 14/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of 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
<u>7 5/8"</u>	<u>358</u>	<u>200</u>
<u>4 1/2"</u>	<u>5264</u>	<u>200</u>
<u>2 3/8"</u>	<u>5105</u>	

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 Press. 550 Tubing Press. 100 Date first new oil run to tanks 1-9-62

Oil Transporter Permian Corporation

Gas Transporter None

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: J. R. Parker

(Signature)

By: _____

Title District Superintendent

Send Communications regarding well to:

Title _____

Name J. R. Parker

0/3 NMOCC: WAM: File

Address Box 68, Eunice, New Mexico