

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
(Place)

8-26-57
(Date)

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

Continental Oil Company Meyer B-33, Well No. 5, in NW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
J, Sec. 33, T. 22, R. 36, NMPM., South Eunice Pool
Unit Letter

Lea

Please indicate location:

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

County. Deer Date Spudded 7-31-57 Date Drilling Completed 8-10-57
Elevation 3496' DF Total Depth 3800' PBDT 3791'
Top Oil/Gas Pay 3663' Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 3663-3671', 3681-3691', 3720-3745', 3769-3779'
Open Hole _____ Depth _____
Casing Shoe 3800' Depth Tubing 3706'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 70 bbls. oil, 1 bbls water in 6 hrs, _____ min. Choke Size 20/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>391</u>	<u>300</u>
<u>5 1/2</u>	<u>3798</u>	<u>1210</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): 26,000 gals. lease crude w/1# sand & 0.1# Adomite/gal.

Casing _____ Tubing _____ Date first new _____
Press. 500 Press. 175 oil run to tanks 8-24-57

Oil Transporter Shell Pipe Line Corporation

Gas Transporter No market - vented.

Remarks: LC 030133 b.

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: Mr. J. R. Parker

Address: P. O. Box 68, Eunice, New Mexico