

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

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

**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 QUADRUPLICATE to the same District Office to which Form C-104 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 September 1, 1961  
(Place) (Date)

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

Continental Oil Company Danciger A-8, Well No. 2, in SE  $\frac{1}{4}$  SE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

P, Sec. 8, T. 23-S, R. 36-E, NMPM., Jalmat Pool  
Unit Letter

Lea County Workover Started 8-16-61 Date Workover Completed 8-16-61  
Date Spudded

Please indicate location:

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

Elevation 3494' Total Depth 3718' FBTD 3536'

Top Oil/Gas Pay 3361' Name of Prod. Form. Yates & 7-Rivers

PRODUCING INTERVAL -

Perforations 3361-3536'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe 3565' Depth \_\_\_\_\_  
Tubing 3490'

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

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. Choke Size \_\_\_\_\_

GAS WELL TEST - Will report on C-122 when completed.

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 \_\_\_\_\_

Dist. transporter The Permian Corporation

Gas Transporter El Paso Natural Gas Co.

**Tubing, Casing and Cementing Record**

Size	Feet	Sax
9 5/8	1484' 17"	425
7	3565'	425
2 1/2	3503'	

Remarks: Installed 2 1/2" tubing.

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:

Name Continental Oil Company

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