

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-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)

5-8-58
(Date)

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

Continental Oil Company Danciger A-8 Well No. 3, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A 8 T 23S R 36E NMPM, Jalmat Pool
Unit Letter
Lea

Please indicate location:

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

County. Date Spudded 1-4-58 Date Drilling Completed 1-14-58
Elevation 3488' DF Total Depth 3650' PBTD 3649'

Top Oil/Gas Pay 3390' Name of Prod. Form. Yates

PRODUCING INTERVAL - 3390-3414', 3426-52', 3472-88',
3510-30', 3550-80', 3585-3600'.

Perforations
Open Hole Depth 3649' Casing Shoe Depth 3433' Tubing

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 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: See Remarks 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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: LC 029864a. Calculated open flow potential 1300 MCFPD... SIP 513.2 PSIA.
Deliverability at 150 PSIG is 1140 MCFPD, at 350 PSIG is 685 MCFPD.

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: RZ Montgomery

Title _____

By: _____
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Mr. J. R. Parker

Address Box 68, Eunice, New Mexico