

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~REVENUE~~ 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

8-14-57

(Place)

(Date)

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

Continental Oil Co. Thompson Federal 18, Well No. 1, in NE 1/4 SE 1/4,

(Company or Operator)

(Lease)

I, Sec. 18, T. 22S, R. 32E, NMPM, North Mason Delaware Pool

Unit Letter

Lea

County. Date Spudded. 6-20-57

Date Drilling Completed 7-10-57

Please indicate location:

Elevation 3196

Total Depth 4403

PBTD 4373

Top Oil/Gas Pay 4369

Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations

Open Hole 4369-4373

Depth Casing Shoe 4369

Depth Tubing 4345

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): 26 bbls. oil, 41 bbls water in 24 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): 3500 gals crude w/1# sand & 0.1# Adomite per gal

Casing Tubing Date first new 8-11-57

Press. _____ Press. _____ oil run to tanks

Oil Transporter The Illinois Pipe Line Co of Texas

Gas Transporter LC 062749 C

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)

By: _____

Title District Superintendent

Send Communications regarding well to:

Title _____

Name J. R. Parker

Address Box 68, Eunice, New Mexico