

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 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 5-6-59

(Place)

(Date)

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

Continental Oil Co. Wilder 25

Well No. 1, in SW 1/4 SW 1/4,

(Company or Operator)

(Lease)

M 25, T 26, R 32, NMPM, El Mar Delaware Pool

Unit Letter

Lea

County. Date Spudded 4-16-59 Date Drilling Completed 4-26-59

Please indicate location:

Elevation 3111' Total Depth 4636' PBTD 4634'

Top Oil/Gas Pay 4580' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4580-83', 4589-94', 4604-10', 4617-20'

Open Hole Depth Casing Shoe Depth Tubing 4525'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 197 bbls. oil, 0 bbls water in 24 hrs, min. Size Choke 14/64"

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): 1500 gals oil, 3000# sand, 150# ADOMITE

Casing 675# Tubing 525# Date first new oil run to tanks 4-30-59

Oil Transporter Permian Oil Company

Gas Transporter Gas is vented

Remarks:

LC 069515

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: District Superintendent

Send Communications regarding well to:

Title

Name J. R. Parker

Address Box 68, Eunice, New Mexico