

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 June 15, 1959

(Place)

(Date)

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

Continental Oil Company Wilder 25

Well No. 2, in SE 1/4 SW 1/4,

(Company or Operator)

(Lease)

N 25, T 26, R 32, NMPM., El Mar Delaware Pool

Unit Letter

Lea

County. Date Spudded 5-24-59

Date Drilling Completed 6-6-59

Please indicate location:

Elevation 3115 DF Total Depth 4656' PBTD 4654'

Top Oil/Gas Pay 4609' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4609-25', 4635-43'

Open Hole Depth 4656' Casing Shoe Depth Tubing

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): 232 bbls. oil, 22 bbls water in 24 hrs, min. Size Choke 16/64"

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): 2000 gals oil, 3000 lbs sand, 100 lbs ADOMITE

Casing Press. 625 Tubing Press. 225 Date first new oil run to tanks 6-11-59

Oil Transporter Permian Oil Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size Feet Sax

7 5/8	683	350
4 1/2	4656	150

Remarks: LC 069515

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 19.

OIL CONSERVATION COMMISSION

By: [Signature]

Title:

(Company or Operator)

By: [Signature] (Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: J R Parker

Address: Box 68, Eunice, New Mexico