

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLENew 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 6-24-59

(Place)

(Date)

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

Continental Oil Company Wilder 25

Well No. 3, in NW 1/4 SW 1/4

(Company or Operator)

(Lease)

L

25

T 26

R 32

El Mar Delaware

Unit Letter

Pool

Lea

County. Date Spudded 6-8-59

Date Drilling Completed 6-18-59

Please indicate location:

Elevation 3118

Total Depth 4644

PBD 4642

Top Oil/Gas Pay 4603

Name of Prod. Form.

Delaware Sand

PRODUCING INTERVAL -

Perforations 4603-13', 4620-32'

Open Hole

Depth

Casing Shoe 4644'

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): 112 bbls. oil, 8 bbls water in 19 hrs, - min. Size 19/64 Choke

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 crude, 3000# sand, 100# ADOMITE

Casing 200 Tubing 400 Date first new 6-22-59

Press. _____ oil run to tanks

Oil Transporter Permian Oil Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	643	350
4 1/2	4644	150

Remarks:

L C 069515

96.9 MCF Gas

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: _____

Title _____

By: _____

Alternate for Signature

District Superintendent

Title _____

Send Communications regarding well to:

Name J. R. Cook

Address Box 68, Eunice, New Mexico