

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
~~Recompleted~~

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 7-6-59

(Place)

(Date)

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

Continental Oil Company W. W. Wilder, Well No. 4, in NE 1/4 SW 1/4,

(Company or Operator)

(Lease)

K

Sec. 25

T. 26

R. 32

NMPM, El Mar Delaware

Pool

Lea

County. Date Spudded. 6-19-59

Date Drilling Completed 6-30-59

Please indicate location:

Elevation 3115 Total Depth 4645 FBTD

Top Oil/Gas Pay 4598 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4598-4609', 4613-17', 4634-38'

Open Hole Depth 4645' Casing Shoe 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): 183 bbls. oil, 0 bbls water in 6 hrs, _____ min. Size 22/64" 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 lbs sand 100 lbs ADOMITE

Casing 0 Tubing 375 Date first new 7-3-59
Press. _____ Press. _____ oil run to tanks

Oil Transporter Permian Oil Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	640	350
4 1/2	4645	125

Remarks:

L. C. 069515

Well designation changed from Wilder 25 No. 4 to that shown above.

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: _____

Alternate Signature

Title

District Superintendent

Send Communications regarding well to:

Title _____

Name J. R. Parker

Address Box 68, Eunice, New Mexico

0/3 NMOCC