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

REQUEST FOR (OIL) - (ALLOWABLE

New Well Brocomplement

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 7-20-59
		(Place) (Date)
REBY RE	QUESTIN	NG AN ALLOWABLE FOR A WELL KNOWN AS:
tal Oi	1 Comp	pany Wilder Well No. 6 in SE 1/4 NW 1/4
ny or Ope	rator)	(Lease) , T. 26 S , R. 32 E , NMPM., El Mar Delaware Pool
, Sec	25	T 20 5 , R 32 E , NMPM., El Plat Delawate Pool
τ	.ea	County. Date Spudded 7-1-59 Date Drilling Completed 7-11-59
		Elevation 3135 DF Total Depth 4665 PBTD 4663
ndicate lo	cation:	Top Oil/Gag Pay 4623 Name of Prod. Form. Delaware Sand
В	A	
		PRODUCING INTERVAL -
+ -		Perforations 4623-37', 4643-53'
· ·	"	Open Hole Depth Casing Shoe 4665 Depth Tubing 4605
		OIL WELL TEST -
J	I	Choke 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
 	P	load oil used): 55 bbls.oil, 6 bbls water in 6 hrs, min. Size 19
	-	load oil used):bbls.oil,bbls water innrs,min. Size
		GAS WELL TEST -
	··-	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
and Ceme	nting Recor	Method of Testing (pitot, back pressure, etc.):
Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
		Choke Size Method of Testing:
655	350	
1665	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
4005	150	sand): 2000 gals crude, 3000# sand, 100# ADOMITE
1.605		Casing Press. 0 Press. 200 oil run to tanks 7-15-59
4007		Cil Transporter Permian Oil Co
		Gas Transporter None
· · · · · · · · · · · · · · · · · · ·	_	*
	003272	/
certify th	at the info	ormation given above is true and complete to the best of my knowledge.
		, 19 Continental Oil Company (Company or Operator)
. 		
		COMMISSION By: (Signature)
		COMMISSION By: (Signature)
		COMMISSION By: (Signature) Title District Superint endent
		COMMISSION By: (Signature) Title District Superint endent Send Communications regarding well to:
		COMMISSION By: (Signature) Title District Superint endent
	tal Oi iny or Ope Sec. Indicate lo B G J O and Come Feet 655 4665	tal Oil Comp iny or Operator) Sec