

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~LEASE~~ 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 8-6-59

(Place)

(Date)

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

Continental Oil Company Wilder, Well No. 8, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)

G, Sec. 25, T. 26, R. 32, NMPM, El Mar Delaware Pool
Unit Letter

Lea

County. Date Spudded. 7-23-59 Date Drilling Completed 8-2-59

Please indicate location:

Elevation 3130 Total Depth 4677 FBTD

Top Oil/Gas Pay 4627 Name of Prod. Form. Dela Sd

PRODUCING INTERVAL -

Perforations 4627-41', 4646-48', 4651-54', 4627-65'

Open Hole Depth 4677' Casing Shoe 4677' Tubing 4677'

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): 253 bbls. oil, 0 bbls water in 10 hrs, _____ min. Size 21/64 Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

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): _____

Casing Press. 0 Tubing Press. 400 Date first new oil run to tanks 8-5-59

Oil Transporter Permian Oil Company

Gas Transporter None

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)

Title District Superintendent

Send Communications regarding well to:

Name J. R. Parker, Box 68, Eunice, New Mexico

Address 0/3 NMOCC