

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

HOBBS OFFICE OCC

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, 1959-11-08. 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

8-27-59

(Place)

(Date)

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

Continental Oil Company

Wilder

9

NW

NE

, Well No., in

1/4

1/4

(Company or Operator)

B

25

26

(Lease)

32

El Mar Delaware

Pool

Unit Letter

Lea

8-4-59

Date Drilling Completed

8-15-59

County, Date Spudded

Elevation

Total Depth

FBTD

Top Oil/Gas Pay

Name of Prod. Form.

Delaware Sand

PRODUCING INTERVAL -

Perforations

4651-61' 4676-90'

Open Hole

Depth

4696

Depth

4626

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): 60.5 bbls. oil, 5.5 bbls water in 6 hrs, _____ min. Size 25/64 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 250 Tubing 200 Date first new 8-19-59

Press. _____ oil run to tanks

Oil Transporter Permian Oil Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	651	300
4 1/2	4696	175

Remarks:

L C 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: _____

Title: _____

By: _____
(Signature)

District Superintendent

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico

0/3 NMOCC