

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

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 submitted. 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.

Unice, New Mexico
(Place)

August 31, 1959
(Date)

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

Continental Oil Company, Wilder, Well No. 10, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
H, Sec. 25, T. 26-S, R. 32-E, NMPM., El Mar Delaware Pool Pool
Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County Lea Date Spudded 8-16-59 Date Drilling Completed 8-25-59
Elevation 3130 DF Total Depth 4697 DF PBD

Top Oil/Gas Pay 4654 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4654-59, 4664-77
Open Hole _____ Depth _____ Casing Shoe 4697 Depth _____ Tubing 4625

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 Choke
load oil used): 136.6 bbls. oil, 0 bbls water in 4 hrs, _____ min. Size 24/64

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7 5/8</u>	<u>340</u>	<u>150</u>
<u>4 1/2</u>	<u>4697</u>	<u>175</u>
<u>2</u>	<u>4625</u>	

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): Frac w/2000 gals crude, 3,000# sand, 100# Adomite

Casing 100 Tubing 550 Date first new 8-28-59
Press. 100 Press. 550 oil run to tanks

Oil Transporter Permian Oil Company

Gas Transporter None

Remarks: DF = 11'

LC 069515

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

(Company or Operator)

By: _____
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Unice, New Mexico