

REQUEST FOR (OIL) - (~~GAS~~) 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 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 November 16, 1959
(Place) (Date)

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

Continental Oil Company Wilder, Well No. 13, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)

I, Sec. 25, T. 26-S., R. 32-E., NMPM, El Mar Delaware Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 10-11-59 Date Drilling Completed 10-21-59
Elevation 3122 DF Total Depth 4690 PBD

Top Oil/Gas Pay 4638' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4638-48, 4655-57, 4659-61

Open Hole Depth Casing Shoe 4690' Depth Tubing 4632'

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): 56 bbls. oil, 17 bbls water in 24 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) 500 gals acid, 3000 gals crude, 4500# sd, 150#

Casing Tubing Date first new

Press. 900 Press. 500 oil run to tank 11-1-59 Adomite W/25 ball slrs.

Oil Transporter Permian Oil Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	346	175
4 1/2	4718	175
2"	4649	

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)

By: _____

Title District Superintendent
Send Communications regarding well to:

Title _____

Name J. R. Parker

Address Box 68, Eunice, New Mexico

O/4 NMOC WAM File