NEW ' XICO OIL CONSERVATION COMM' 'ON Santa Fe New Mexico

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

New Well

REQUEST FOR (OIL) - (GATS) 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 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 December 15, 1959 (Place) (Date)
WE ARE	HEREBY F	REQUESTI	NG AN ALLOWABLE FO	OR A WELL KNOWN AS:
Cont	inental (	11 Compa	n <b>y</b> Wilder	
יכ מ	company or O	perator) 25	(Lease 7265 p 32F	NMPM., El Mar Delaware Pool
Unit I	Atter	~	, 1.400 , R. 245	, NMPM.,
Le	88.		County. Date Spudded	11-29-59 Date Drilling Completed 12-9-59
Ple	ase indicate	location :		<b>F</b> Totai Depth <b>4675</b> PBTD
	СВ	A	Top Oil Top Pay 46	30 Name of Frod. Form. Delaware Sand
	x		PRODUCING INTERVAL -	
			Perforations4	630-44 w/4 JSPF
E	F G	H	Open Hole	Depth Casing Shoe 4675 Tubing 4595
			OIL WELL TEST -	
L	K J	I		Chokebbls.oil,bbls water irhrs,min. Size
				are Treatment (after recovery of volume of oil equal to volume of
M	N O	Р		bbls.oil, <u>6</u> bbls water in <u>22</u> hrs, min. Size <u>14/64</u>
				5515,011,0113 #ace1 In0115,0110. 512e0
<b>I I</b>	L		GAS WELL TEST -	
				MCF/Day; Hours flowedChoke Size
Sure	sing and Cem Feet	SAX	· · · · · · · · · · · · · · · · · · ·	back pressure, etc.):
[		1		mre Treatment:MCF/Day; Hours flowed
7 5/8	3 345	175	Choke SizeMetho	d of Testing:
4,1/2		375	Acid or Fracture Treatmen	t (Give amounts of materials used, such as acid, water, oil, and
	4700		sand): 250 gals acid	, 2000 gals crude, 3000 lbs sand, 100 lbs Adomit
2"	4612		Casing 275 Tubing Press. 275 Press.	275 Date first new 12-13-59
		<u> </u>		rmian Oil Company
	_		Gas Transporter NO	
Remarks:				
	069515		·	
I here	by certify th	at the infor	mation given above is tru	e and complete to the best of my knowledge.
			, 19	Continental Oil Company
			,, ·	(Company or Operator)
0	IL CONSE	RVATION	COMMISSION	By: Barden
	E.	<u> </u>		(Signature)
By:	<u>L</u>	<u> </u>	<u> </u>	Title District Superintendent Send Communications regarding well to:
Title				
	/			Name. J. R. Parker
0/3 NMO	C WAM	file		Address. Box 68 Eunice, New Mexico