

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~RECEIVED~~

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
(Place)

May 23, 1960
(Date)

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

Continental Oil Company

Wilder

, Well No. 22, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K, Sec. 26, T. 26, R. 32, NMPM., El Mar Delaware Pool

Unit Letter

Lea

County. Date Spudded 5-10-60

Date Drilling Completed 5-21-60

Please indicate location:

Elevation 3109' Total Depth 4566' PBD

Top Oil/Gas Pay 4514' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4514-24'

Open Hole _____ Depth _____
Casing Shoe 4566' Depth
Tubing 4504'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 61 bbls. oil, 0 bbls water in 3 hrs, _____ min. Size 16/64"

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): See below

Casing _____ Tubing _____ Date first new
Press. 300 Press. 700 oil run to tanks May 22, 1960

Oil Transporter Cactus Petroleum, Inc

Gas Transporter None

Remarks: TRTD W/500 gals acid, fraced W/3000 gals crude, 4500 lbs sand,
150 lbs Adomite.

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

0/3 NMCC WAM file