

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 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 5-28-59
(Place) (Date)

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

Continental Oil Company Bradley 35, Well No. 1, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A, Sec. 35, T. 26, R. 32, NMPM., El Mar Delaware Pool
Unit Letter

Lea County. Date Spudded 5-12-59 Date Drilling Completed 5-23-59

Please indicate location:

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

Elevation 3109 Total Depth 4633 PBD 4631

Top Oil/Gas Pay 4587 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4587-97', 4605-12', 4617-30'

Open Hole Depth Casing Shoe Depth 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): 61 bbls. oil, 8 bbls water in 11 hrs, min. Size 14/64 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 Tubing Date first new Press. 325# Press. 700# oil run to tanks 5-27-59

Oil Transporter Permian Oil Company

Gas Transporter gas vented

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	716	350
4 1/2	4633	175

Remarks: LC 068777

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: J. R. Parker (Signature)

Title District Superintendent

Send Communications regarding well to:

Name J R Parker

Address Box 68, Eunice, New Mexico

Title