

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

New Well
~~XXXXXX~~

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 4, 1959
(Place) (Date)

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

Continental Oil Company Bradley 35, Well No. 2, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)
D Unit Letter, Sec. 35, T. 26-S, R. 32-E, NMPM, El Mar Delaware Pool Pool

Lea

Please indicate location:

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

County. Date Spudded 11-16-59 Date Drilling Completed 11-27-59
Elevation 3106 DF Total Depth 4523 PBTD

Top Oil/Gas Pay 4485 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4485-4503, 4512-16 W/4 JSPF

Open Hole Depth Casing Shoe 4522 Depth Tubing 4436

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): 136 bbls. oil, 36 bbls water in 23 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): 600 gals acid, 4000 gals crude, 6000# sd, 200# Adomit.
Casing 50 Tubing Date first new Press. 250 oil run to tanks 12-1-59 W/60 ball sealer

Oil Transporter Permian Oil Company

Gas Transporter None

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: District Superintendent
Title Send Communications regarding well to:

By: (Signature)

Name J. R. Parker

Address Box 68, Eunice, New Mexico

0/3 NMCC WAM File