NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

HOBBS OFFICE OCC
1960 JAN 15 AM 10:32

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 (Place) January 13, 1960 (Date)

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

Continental Oil Company (Company or Operator) Bradley 35 (Lease) Well No. 4, in NW ¼ NE ¼,

B (Unit Letter), Sec. 35, T. 26-S, R. 32-E, NMPM., El Mar Delaware Pool

Lea County. Date Spudded 12-30-59 Date Drilling Completed 1-9-60

Elevation 3108' DF Total Depth 4608' PBTD 4586'

Top Oil/Gas Pay 4566' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4566-75', 4579-85' W/4 JSPF

Open Hole ____ Depth Casing Shoe 4608' Depth Tubing 4495'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 58 bbls.oil, 6 bbls water in 5 hrs, ____ min. Choke Size 20/64"

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): 500 gals acid, 3000 gals crude, 4500# sd, 150# Adomite, 25 ball sealers

Casing Press. ____ Tubing Press. ____ Date first new oil run to tanks 1-12-60

Oil Transporter Permian Oil Company

Gas Transporter None

Please indicate location:

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	351	175
4 1/2	4620	175
2"	4511	

Remarks:
LC 068777

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved ____ 19 ____

OIL CONSERVATION COMMISSION

By: ____

Title ____

0/3 NMOCC WAM file

Continental Oil Company (Company or Operator)

By: ____ (Signature)

Title District Superintendent

Send Communications regarding well to:

Name J. E. Parker

Address Box 68, Eunice, New Mexico