

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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 April 27, 1960
(Place) (Date)

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

Continental Oil Company Payne, Well No. 8, in SE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
F, Sec. 30, T. 26-S, R. 33-E, NMPM., El Mar Delaware Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 3-28-60 Date Drilling Completed 4-9-60
Elevation 3137' KB Total Depth 4830' PBDT

Top Oil/Gas Pay 4723' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4723-32' W/4 JSPF

Open Hole _____ Depth _____ Casing Shoe 4830' Depth _____ Tubing 4700'

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): 16 bbls. oil, 108 bbls water in 24 hrs, _____ min. Size 3/4 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) TRTD W/500 gals acid, 3000 gals crude, 4500# sd.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks April 26, 1960

Oil Transporter Cactus Petroleum, Inc

Gas Transporter None

Remarks:

NM 02791 a

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: _____

Title _____

By: _____
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name J. R. Parker

Address BOX 68, Eunice, New Mexico

0/3 NMCC WAM file