

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBBS OFFICE OF COMPLETION

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 January 18, 1960
(Place) (Date)

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

Continental Oil Company Lynn B-25, Well No. 2, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M, Sec. 25, T. 23-S, R. 36-E, NMPM., Jalmat Pool
Unit Location

Lea

County Date Started 11-30-59 Date Work Completed 12-1-59

Please indicate location:

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

Elevation 3331' DE Total Depth 3350' PBTD

Top Gas Pay 2912' Name of Prod. Form. Yates & Seven Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 2776-3350' Depth Casing Shoe 2776' Depth Tubing 3272'

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 Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|-------|------|-----|
| 7 5/8 | 1190 | 500 |
| 5 1/2 | 2785 | 500 |
| 2" | 3313 | |
| | | |

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):

Casing Tubing Date first new
Press. Press. oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Company

Remarks:

Killed well - installed TEG - swabbed off

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)

Title: District Superintendent
Send Communications regarding well to:

Title: _____

Name: J. R. Parker

Address: Box 68, Eunice, New Mexico