

REQUEST FOR ~~OIL~~ - (GAS) ALLOWABLE ~~10000~~ ~~OFFICE~~ ~~NEW~~ ~~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 QUADRUPPLICATE to the same District Office to which Form C-102 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during a 30-day 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-26, Well No. 1, in NW 1/4 SE 1/4,  
(Company or Operator) (Lease)

J, Sec. 26, T. 23-S, R. 36-E, NMPM, Jalmat Pool  
Unit Letter Lea  
County. Date started 12-2-59 Date work Completed 12-4-59

Please indicate location:

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

Elevation 3390' DF Total Depth 3614' PBTD 3458'  
Top Oil/Gas Pay 3148' Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 3148-3458' Depth Casing Shoe 3148' Depth Tubing 3433'

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

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): \_\_\_\_\_

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

Oil Transporter \_\_\_\_\_

Gas Transporter El Paso Natural Gas Company

Remarks: Killed well - installed TBC - 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: \_\_\_\_\_ Title District Superintendent

Title \_\_\_\_\_ Send Communications regarding well to:

Name J. R. Pakrer

Address Box 68, Eunice, New Mexico

0/3 NMCC WAM HLJ file