

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~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 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

1-17-58

(Place)

(Date)

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

Continental Oil Company Lynn A-28, Well No. 6, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

H, Sec. 28, T. 23S, R. 36E, NMPM., Jalmat Pool
Unit Letter

Lea

County. Date Spudded 11-27-57 Date Drilling Completed 12-7-57
Elevation 3450' DF Total Depth 3600' PBD 3382'

Please indicate location:

Top Oil/Gas Pay 3330' Name of Prod. Form. Seven Rivers - 73765

PRODUCING INTERVAL - 3330-52'

Perforations 3330-40', 3346-52', 3411-15', 3489-97', 3540-52'

Open Hole _____ Depth _____ Casing Shoe 3600' Depth _____ Tubing 3340'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 167 bbls. oil, 8 bbls water in 12 hrs, _____ min. Size 24/64" 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): See remarks.

Casing 350 Tubing _____ Date first new _____
Press. 300 Press. 300 oil run to tanks 1-14-58

Oil Transporter Shell Pipe Line Corporation

Gas Transporter El Paso Natural Gas Company

Remarks: LG 030139 a. Treated w/2500 gals 15% LSTHE acid. SWS treatment
2000 gals. Sandfraced w/13,900 gals crude, 11,000# sand, 1210# Adomite.

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)

By: _____

Title District Superintendent
Send Communications regarding well to:

Title _____

Name Mr. J. R. Parker

Address Box 68, Eunice, New Mexico