

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~EXISTING~~

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 11, 1960
(Place) (Date)

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

Continental Oil Company Cline A-15, Well No. 5, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)
F, Sec. 15, T. 23-S, R. 37-E, NMPM, Langlie Mattix 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. 3-16-60 Date Drilling Completed 3-26-60
Elevation 3306' KB Total Depth 3700' PBTD

Top Oil/Lease Pay 3579' Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations 3579-82, 3596-3601, 3603-08, 3651-56, 3687-91, 3663-69,
Open Hole Depth Casing Shoe 3700' Depth Tubing 3583'

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): 57 bbls. oil, 36 bbls water in 24 hrs, min. Size 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) 10,000 gals crude, 20,000# Sd, 250# Adomite w/80 Ball

Casing Tubing Date first new Press. oil run to tanks 4-10-60 Sealers

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter

Remarks:

LC 030186 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)

By: (Signature)

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By: (Signature)

Title

0/3 NMOCC WAM file