

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

HOBBS OFFICE
New Well
1057

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-301 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 (Place) 10-1-57 (Date)

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

Continental Oil Company (Company or Operator) Eaves A-19, Well No. 9, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Lease)

E, Sec. 19, T. 26S, R. 37E, NMPM., Jalmat Pool
Unit Letter

Lea County. Date Spudded 9-14-57 Date Drilling Completed 9-21-57

Please indicate location:

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

Elevation 2969' Total Depth 3250' PBTD 3247'

Top Oil/Gas Pay 3178' Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 3178-3184'

Open Hole _____ Depth _____ Casing Shoe 3250' Depth _____ Tubing 3195'

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 load oil used): 54 bbls. oil, 2 bbls water in 6 hrs, _____ min. Choke Size 16/64"

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): 500 gals acid.

Casing _____ Tubing _____ Date first new _____
Press. 900# Press. 400# oil run to tanks 9-30-57

Oil Transporter Shell Pipe Line Corporation.

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>374</u>	<u>275</u>
<u>5 1/2</u>	<u>3250</u>	<u>1209</u>

Remarks: LC 030168 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: J. R. Parker (Signature)

Title District Superintendent
Send Communications regarding well to:

Name Mr. J. R. Parker

Address Box 68, Eunice, New Mexico