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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

New Well
~~XXXXXXXXXX~~
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

10-7-63

(Place)

(Date)

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

Continental Oil Company **Lynn B-1**, Well No. **9**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
B Sec. **26** T. **23-S** R. **36-E**, NMPM., **Langlie Mattix & Sons** Pool
Unit Letter **Lea** County Date Spudded **8-4-63** Date Drilling Completed **8-11-63**

Please indicate location:

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

Elevation **3373' DF** Total Depth **3720' LM** PBTD **-**

Top Oil/ ~~Gas~~ Pay **3557** Name of Prod. Form. **Queen**
PRODUCING INTERVAL - *3550-52, 3558-60, 3569-71, 3584-86 W/2
JSPF 3620-22, 3634-36 and 3653-55' W/1

Perforations **JSPF.** Depth Casing Shoe **3720'** Depth Tubing **3568'**

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): **14** bbls. oil, **24** bbls water in **24** 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): **30,000 Gal sandfrac, 40,000 lbs sd, 1500 lbs**
***ADONITE* ADDITIVES. RETRTD W/4000 gal 15% LSPH Acid.**
Casing _____ tubing _____ Date first new _____
Press. **0** Press. **400** oil run to tanks **10-4-63**

Oil Transporter **Texas-New Mexico Pipeline Co.**

Gas Transporter **Vented**

Remarks: **On IP fl 14 BO, 24 BW, W/gas at rate of 75 MCFPD in 24 hrs. Gty=32.3. GOR 5357. Est daily allow 14 BO. (*3550-52, 3558-60, 3569-71, 3584-86, w/1 JSPF - Squeezed w/100 sx cnt & reperforated w/2 JSPF.**

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 _____

By: _____ (Signature)

Title **Dist. Superintendent**

Send Communications regarding well to:

Name **Continental Oil Co.**

Box 68 -Eunice, New Mexico