

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

6-27-60

(Place)

(Date)

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

Continental Oil Company

Payne

, Well No. 10, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,

(Company or Operator)

(Lease)

C Unit Letter, Sec. 31, T. 26-S, R. 33-E, NMPM, El Mar Delaware Pool

Lea

County. Date Spudded 5-31-60

Date Drilling Completed 6-13-60

Please indicate location:

Elevation 3101' KB

Total Depth 4757' PBD

Top Oil XX Pay 4666'

Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4666-4671', 4673-4677'

Open Hole - Depth - Casing Shoe 4757' Depth - Tubing 4639'

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): 30 bbls. oil, 53 bbls water in 24 hrs, - min. Size Open

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 Below

Casing - Tubing - Date first new 6-26-60
Press. - Press. - oil run to tanks

Oil Transporter Cactus Petroleum, Incorporated

Gas Transporter -

Remarks: TRTD/500 gals. acid, fraced w/3000 gals crude, 2000 lbs. SD, 150 lbs. Adomite, w/20 Ball Sealers.

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: [Signature]

Alternate for (Signature)

Title District Superintendent

Send Communications regarding well to:

Title -

Name R. A. Carlile

Address Box 68, Eunice, New Mexico