

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.

Junice, New Mexico 3-24-61  
(Place) (Date)

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

Continental Oil Company State Z-16 Well No. 1, in SW 1/4 NE 1/4,  
(Company or Operator) (Lease)

G 16 Sec. 16, T. 25-S, R. 32-E, NMPM., Paduca Delaware Pool  
Unit Letter

Lea County. Date Spudded 12-3-60 Date Drilling Completed 12-14-60

Please indicate location:

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

Elevation 3444' KB Total Depth 4796' PBD

Top Oil/Gas Pay 4638' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4638', 4680', 4728-36'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 4796' Depth \_\_\_\_\_ Tubing 4713'

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): 22 bbls. oil, 238 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): See below in remarks

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks 3-20-61

Oil Transporter Permian Corporation

Gas Transporter \_\_\_\_\_

Remarks: Entire interval treated w/1000 gals acid, 45,000 gals crude, 70,000 lbs sd, 2250 lbs "Adomite" in three stages.

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: W. H. Lyon  
(Signature)

By: \_\_\_\_\_

Title: District Superintendent

Send Communications regarding well to:

Title \_\_\_\_\_

Name: J. R. Parker

Address: Box 68, Junice, New Mexico