

REQUEST FOR (GAS) ALLOWABLE

RECOMPLETION

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form G-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form G-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed on or before the first 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 January 18, 1960  
(Place) (Date)

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

Continental Oil Company Ascarate C-24, Well No. 1, in NW 1/4 NE 1/4,  
(Company or Operator) (Lease)

B, Sec. 24, T. 25-S, R. 36-E, NMPM, Jalmat Pool  
Unit Letter

Lea County. Date started 1-4-60 Date work completed 1-9-60

Please indicate location:

Elevation 3109' DF Total Depth 3290' PBD 3020'

Top Oil/Gas Pay 2810' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 2875-2887', 3197-3212'

Open Hole Depth 3246' Casing Shoe 3246' Depth Tubing 2837'

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): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

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): Acidized Yates 2875-2940' W/500 gals

Casing Tubing Date first new Press. Press. oil run to tanks

Oil Transporter \_\_\_\_\_

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
13	485	240
9 5/8	1282	300
7	3246	400
2 1/2	2854	

Remarks: Killed well - installed TBG - swabbed off

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)

Title: District Superintendent

Send Communications regarding well to:

Name: J. R. Parker

Address: Box 68, Eunice, New Mexico

OIL CONSERVATION COMMISSION

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

Title \_\_\_\_\_

0/3 NOCC HLU WAM file