

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

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

Workover  
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.

Enice, New Mexico  
(Place)

April 17, 1959  
(Date)

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

Continental Oil Company (Company or Operator) Jack A-20 (Lease), Well No. 4, in SW  $\frac{1}{4}$  NE  $\frac{1}{4}$ ,

G Sec. 20, T. 24-S, R. 37-E, NMPM, Jalmat Pool  
Unit Letter Started

Lea

County. Date Spudded 2-23-59 Date Drilling Completed 2-27-59  
Elevation 3280' DF Total Depth 3580' PBD 3185'

Please indicate location:

Top Oil/Gas Pay 2986 Name of Prod. Form. Yates

PRODUCING INTERVAL - 2986-3135'

Perforations 2986-3135'

Open Hole --- Depth --- Casing Shoe 3230' Depth --- Tubing 3107'

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: COFF 1822 MCF/Day; Hours flowed 24

Choke Size Open Method of Testing: Back Pressure.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): Sandfraced w/10,000 Gals. crude, 10,000# sand, 500# ADOMITE

Casing --- Tubing --- Date first new ---  
Press. --- Press. --- oil run to tanks None

Oil Transporter None

Gas Transporter El Paso Natural Gas Company

Remarks: Submitted to cover gas well workover.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: ---, 19 ---

OIL CONSERVATION COMMISSION

By: ---

Title: ---

Continental Oil Company

(Company or Operator)

By: J. K. Parker  
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Mr. J. R. Parker

Address: P. O. Box 68 - Enice, New Mexico