

REQUEST FOR ~~WELL~~ (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 QUADRUPPLICATE 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

February 3, 1959

(Place)

(Date)

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

Continental Oil Company

Jack A-21

Well No. 1

in SW

1/4

SW

1/4

(Company or Operator)

(Lease)

Unit Letter

Sec. 21

T. 24

R. 37

NMPM.

Jalmat

Pool

Work Started

Lea

County. ~~Blanco~~

Date Spudded 10-21-58

Date Drilling Completed

10-25-58

Please indicate location:

Elevation 3247' DF

Total Depth 3705'

PBTD 3255'

Top Oil/Gas Pay 3000

Name of Prod. Form.

Yates

PRODUCING INTERVAL - 3000-3200'

Perforations 3000-3100', 3115-3160', and 3176-3200'

Open Hole

Depth

Casing Shoe

Depth

Tubing 3021'

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: 1660

MCF/Day; Hours flowed

Choke Size

Method of Testing (pitot, back pressure, etc.):

B.P.

CAOF

Test After Acid or Fracture Treatment:

7730

MCF/Day; Hours flowed

Choke Size

Method of Testing:

B.P.

CAOF

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Treated w/60,000 Gals. water, 60,000 lbs. sand.

Casing

Tubing

Date first new

Press.

Press.

oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Company

Remarks: Cleaned out to PBD, waterfraced w/60,000 gallons, and installed tubing.

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 _____

(Signature)

Title _____

District Superintendent

Send Communications regarding well to:

Name _____

J. R. Parker

Address _____

Box 68 - Eunice, New Mexico