

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 August 7, 1961
(Place) (Date)

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

Continental Oil Company Bell Lake Unit, Well No. 6, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

0, Sec. 6, T. 23-S, R. 34-E, NMPM, Devonian Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 10-25-59 Date Drilling Completed 6-8-60
Elevation 3485' KB Total Depth 16,506' PBD 14,900'
Top Gas Pay 14,568 Name of Prod. Form. Devonian

PRODUCING INTERVAL - 14,568-594', 14,609-639', 14,622-714',
Perforations 14,764-804', 14,819-829'
Open Hole Depth Casing Shoe 14,165 Depth Tubing 13,981

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 Choke
load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: 30,500 MCF/Day; Hours flowed 24 Choke Size

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

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):

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

Oil Transporter

Gas Transporter Transwestern

Tubing, Casing and Cementing Record

Size	Feet	Sax
20"	868	120
13 5/8"	5,845	3100
9 5/8"	12,038	1680
7	14,313	650
5	882	75

Remarks:

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: J. R. Parker
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Eunice, New Mexico

0/3 NMOC: WAM: File

NUMBER OF COPIES RECEIVED	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				Lease Bell Lake Unit		Well No. 6	
Unit Letter 0	Section 6	Township 23S	Range 34E	County Lea			
Pool Devonian				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter	Section	Township	Range	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)			

Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>		Date Connected 8-4-61	Address (give address to which approved copy of this form is to be sent) Box 2018 - Roswell, New Mexico
Transwestern Pipe Line			

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casing head gas . <input type="checkbox"/>	Condensate.. <input type="checkbox"/>

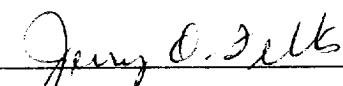
Notice of connection by pipeline.

Remarks

0/4 NMOC: WAM SW File

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 4th day of August, 19 61.

OIL CONSERVATION COMMISSION		By
Approved by	 for District Superintendent	Title
Title		Company Continental Oil Company
Date	Address Box 68 - Eunice, New Mexico	