

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

**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.

Bunise, New Mexico 2-10-58  
(Place) (Date)

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

Continental Oil Company Meyer B-33, Well No. 7, in 7/8 1/4 SW  
(Company or Operator) (Lease)  
X, Sec. 33, T. 22S, R. 36E, NMPM., South Bunise Pool  
Unit Letter

Lea County. Date Spudded 1-16-58 Date Drilling Completed 1-27-58  
Please indicate location: Elevation 3488' Total Depth 3755' PBTD

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

Top Oil/Gas Pay 3627' Name of Prod. Form. Seven Rivers  
PRODUCING INTERVAL -  
3627-36, 3648-56, 3682-88, 3693-3703,  
Perforations 3712-28, 3750-581.  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe \_\_\_\_\_ Tubing \_\_\_\_\_

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): 68 bbls. oil, 31 bbls water in 8 hrs, \_\_\_\_\_ min. Size 20/64" Choke

GAS WELL TEST -  
Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

**Tubing, Casing and Cementing Record**

Size	Feet	Size
<u>8 5/8"</u>	<u>361</u>	<u>300</u>
<u>5 1/2"</u>	<u>3775</u>	<u>1450</u>

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 Remarks  
Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 850# Press. 400# oil run to tanks 2-7-58  
Oil Transporter Shell P. L. Corporation  
Gas Transporter Vented

Remarks: Treated w/1,000 Gals. 15% acid, sandfraced w/24,000 Gals. crude, 24,000# sand,  
1,200# Adomite,  
IC 030133 b

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: [Signature] Title: District Superintendent  
(Signature) Send Communications regarding well to:  
Name: Mr. J. R. Parker  
Address: Box 68, Bunise, New Mexico