## NEW 'EXICO OIL CONSERVATION COM! SION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - CONST ALLOWABLE OCC

New Well

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 Countries form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form Office Juring 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

|                          |                                       |   | Eunice, New Mexico  | 10-1-57                                 |
|--------------------------|---------------------------------------|---|---|---|
| SATE A O.E.              | HEDERV I                              | POUESTI                                 | (Place)   | (Date)                                  |
| we ake<br><b>Conti</b> r | nekeby i<br>ental ()                  | il Comp                                 | NG AN ALLOWABLE FOR A WELL KNOWN AS:  Any Meyer A-29, Well No   | O D                                     |
| (C                       | ompany or O                           | perator)                                | (Lease)   | 1/4 . J&                                |
| I                        | Se                                    | . 29                                    | (Lesse)<br>, T 22S , R 36E , NMPM., South Eunice  | Pool                                    |
| Unit                     | <b>AND 1</b>                          |   |   |   |
|                          |                                       | •                                       | County Date Spudded 8-30-57 Date Drilling Complete Elevation 3528 Total Depth 3830 P  | M Y=11=27                               |
| Please indicate location |                                       | location:                               | Elevation 3528 Total Depth 3830 Top Oil/Gas Pay 3636 Name of Prod. Form. Seven  | Rivers & Oueen                          |
| D                        | C B                                   | A                                       |   |   |
|                          |                                       |   | 3030-401, 3054-681, 3693-98   | , 3 <b>706-</b> 201,                    |
| E                        | F G                                   | H                                       | Perforations 3636-46', 3654-68', 3693-98  Perforations 3744-54', 3784-68', 3800-06  Open Hole Depth Casing Shoe 3830' Depth Tub | oth 27100                               |
|                          |                                       |   |   | ing                                     |
| L                        | KJ                                    | I                                       | OIL WELL TEST -   | Choke                                   |
| _                        |                                       | X                                       | Natural Prod. Test:bbls.oil,bbls water in   | hrs,min. Size                           |
|                          | -,,                                   |   | Test After Acid or Fracture Treatment (after recovery of volume of oi   | l equal to volume of                    |
| M                        | N O                                   | P                                       | load oil used): 91 bbls.oil, 12 bbls water in 24 hrs.   | min. Size 24/6                          |
|                          |                                       |   | GAS WELL TEST -   |   |
|                          |                                       |   | Natural Prod. Test: MCF/Day; Hours flowed C   | hoka Siza                               |
| Tubing Ca                | sing and Cem                          | enting Recor                            |   |   |
| Size Feet Sax            |                                       | Sax                                     | Test After Acid or Fracture Treatment:MCF/Day; H  |   |
| 0 5/0                    | 241                                   | 07.5                                    | Choke Size Method of Testing:   | <del></del>                             |
| 8 5/8                    | 384                                   | 275                                     | method of restring.   |   |
| 5 1/2                    | 3830                                  | 1142                                    | Acid or Fracture Treatment (Give amounts of materials used, such as a   |   |
|                          |                                       |   | sand): 15,000 gals acid; 30,000 gals crude  | 1/1# sand & 1#                          |
|                          |                                       |   | Casing Press. 300# Date first new oil run to tanks 9-29-57  | Adomite                                 |
|                          |                                       |   | Oil Transporter Texas - New Mexico Pipe Line Co   | mpany.                                  |
|                          | 1                                     |   | Gas Transporter   |   |
| temarks:                 | LC 030                                | 133 a                                   |   |   |
|                          | ·····                                 |   |   |   |
| *************            |                                       | *************************************** |   | *************************************** |
| I here                   | by certify th                         | nat the info                            | mation given above is true and complete to the best of my knowledge   | •                                       |
| pproved                  | ••••••                                | *************                           | , 19 Continental Oil Compan   | <b>y</b>                                |
| ••                       |                                       |   | Company or Operator   | )                                       |
| 0                        | IL CONSE                              | RVATION                                 | COMMISSION By: B Take   |   |
|                          | - J- /                                |   | (Signature)   | <b>.</b> .                              |
| y:                       | · · · · · · · · · · · · · · · · · · · | 1                                       | Title District Superintend Send Communications regarding  |   |
| itle                     |                                       |   | •   | ig well to:                             |
|                          |                                       |   | Name Mr. J. R. Parker   | ,                                       |
|                          |                                       |   | Address Box 68, Eunice, Ne  | w Mexice                                |