

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~ALLOWABLE~~ 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 December 17, 1959
(Place) (Date)

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

Continental Oil Company Stevens B-12, Well No. 3, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

D, Sec. 12, T. 23-S, R. 36-E, NMPM, Langlie-Mattix Pool
Unit Letter

Lea County. Date Spudded 11-7-59 Date Drilling Completed 11-19-59

Please indicate location:

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

Elevation 3429 DF Total Depth 3885 FBTD 3838

Top Oil/Gas Pay 3648 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3648-57, 3681-85, 3699-3708

Open Hole _____ Depth _____ Casing Shoe 3885 Depth _____ Tubing 3686

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): 37 bbls. oil, 0 bbls water in 21 hrs, _____ min. Size 13/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>351</u>	<u>225</u>
<u>5 1/2</u>	<u>3908</u>	<u>950</u>
<u>2"</u>	<u>3699</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): TRTD/750 gals acid, 12,000 gals crude, 18,000# sd, 600# Adomite

Casing _____ Tubing _____ Date first new _____
Press. 40 Press. 80 oil run to tanks 12-4-59

Oil Transporter Permian Oil Company

Gas Transporter None

Remarks: LC 030556 b

Perfs 3863-75 W/4 JSPF, acidized W/1000 gals, set BP at 3840 W/2 sx.

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)

By: _____

Title: District Superintendent

Send Communications regarding well to:

Title _____

Name: J. R. Parker

0/3 NOCC WAM file

Address: Box 68, Eunice, New Mexico