

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~EXISTING~~

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 1000 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 March 23, 1960
(Place) (Date)

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

Continental Oil Company Stevens B-12, Well No. 5, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. 12, T. 23-S, R. 36-E, NMPM., Langlie Mattix Pool
Unit Letter

Lea County. Date Spudded 3-3-60 Date Drilling Completed 3-15-60
Please indicate location: Elevation 3401' KB Total Depth 3759' ~~DEPTH~~ 3686'

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

Top Oil/Gas Pay 3595' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3595-3604, 3607-09, 3623-35, 3638-43 W/L JSPF
Open Hole _____ Depth _____ Casing Shoe 3759' Depth _____ Tubing 3552'

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): 54 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 19/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7 5/8</u>	<u>327</u>	<u>225</u>
<u>4 1/2</u>	<u>3764</u>	<u>1600</u>
<u>2</u>	<u>3562</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 below

Casing _____ Tubing _____ Date first new _____
Press. 320 Press. 50 oil run to tanks 3-23-60

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter None

Remarks: TRTD W/1000 gals acid, fraced W/20,000 lbs Sd, 10,000 gals crude,
500 lbs Adomite, W/70 ball sealers.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved MAR 24 1960, 19____

Continental Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature]

Title District Superintendent
Send Communications regarding well to:

Title Engineer District 1

Name J. R. Parker

0/3 NMOC WAM file

Address Box 68, Eunice, New Mexico