

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.

San Jose, New Mexico
(Place)

May 17, 1960
(Date)

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

Continental Oil Company
(Company or Operator)

Stevens B-12, Well No. 89
(Lease)

in SW $\frac{1}{4}$ NW $\frac{1}{4}$,

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

Lea

County. Date Spudded 5-4-60

Date Drilling Completed 5-11-60

Please indicate location:

Elevation 3423' KB

Total Depth 3750' PBD

Top Oil ~~Pay~~ 3642'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3642-46', 3662-68', 3672-76', 3679-81', 3690-3700'

Open Hole _____ Depth _____
Casing Shoe 3750' Depth _____
Tubing 3580'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 107 bbls. oil, 0 bbls. water in 6 hrs, _____ min. Choke Size 14/64

GAS WELL TEST -

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

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 Press. 375 Tubing Press. 550 Date first new oil run to tanks May 16, 1960

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter _____

Remarks: 1,000 gals. acid, fraced w/12,000 gals. crude, 24,000 lbs sd, 600 lbs Adomite
w/40 ball sealers.
LC 030556 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)

By: [Signature]
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: J. R. Parker

Address: Box 68, San Jose, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title: _____

0/3 NMOCC WAM File