

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE 000  
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.

Eunice, New Mexico January 18, 1960  
(Place) (Date)

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

Continental Oil Company Stevens B-12, Well No. 2, in NE 1/4 NE 1/4,  
(Company or Operator) (Lease)

A, Sec. 12, T. 23-S, R. 36-E, NMPM., Jalmat Pool  
Unit Letter

Lea County. Date started 12-13-59 Date work completed 12-14-59

Please indicate location:

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

Elevation 3413' DF Total Depth 3405' PBD  
Top Oil/Gas Pay 3010' Name of Prod. Form. Yates & Seven Rivers

PRODUCING INTERVAL -

Perforations  
Open Hole 2949-3405' Depth Casing Shoe 2949' Depth Tubing 3004'

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 Choke load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	1353	550
5 1/2	2960	500
2 1/2	3005	

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): \_\_\_\_\_

Casing Tubing Date first new  
Press. Press. oil run to tanks

Oil Transporter \_\_\_\_\_

Gas Transporter El Paso Natural Gas Company

Remarks: Killed well - installed TBG - swabbed off

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: \_\_\_\_\_ Title: District Superintendent

Title \_\_\_\_\_ Name: J. R. Parker

0/3 NMOCC HLJ WAM file Address: Box 68, Eunice, New Mexico