

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Bunice, New Mexico

September 1, 1961

(Place)

(Date)

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

Continental Oil Company

Stevens B-14

Well No. 1, in NE $\frac{1}{4}$ SE $\frac{1}{4}$

(Company or Operator)

(Lease)

I

Sec. 14

T. 23

R. 36

NMPM.

Jalmat Gas

Pool

Unit Letter

Lea

Workover Started

Workover

8-19-61

County Date Spencer 8-18-61

Date Workover Completed

Elevation 3379

Total Depth 3245'

PBTD

Top Oil/Gas Pay 2900

Name of Prod. Form. **Yates**

Please indicate location:

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

PRODUCING INTERVAL -

Perforations

Open Hole 2900-3245

Depth

Casing Shoe 2900

Depth

Tubing 3170'

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST - Will report on C-122 when completed.

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): _____

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

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Co.**

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	1257'	550
5 1/2	2900'	500
2 1/2	3182'	

Remarks: Installed 2 1/2" Tubing.

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 _____

By _____

(Signature)

Title _____

District Superintendent

Send Communications regarding well to:

Continental Oil Company

Name _____

Address P. O. Box 68, Bunice, N. Mex.