NEW ' XICO OIL CONSERVATION COMM' 'ON 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.

.a mto ute	SURK LAINS	, <b>U</b> us mu		Eunice, New Mexico October 13, 19 (Place) (Date)
E AOE UI	EDERV DE	OUFSTI	NG AN ALLOWABLE I	FOR A WELL KNOWN AS:
ontine	ntal Oi		anv Stevens	B-14, Well No. 2, in NW 1/4 SE 1/4,
(Com	idany or Opei	rator)	(Lca	13C)
and Lott	<b>67</b>			-E., NMPM., Langlie-Mattix Pool
	Lea		County. Date Spudded	d 4-5-60 Date Drilling Completed 4-15-60
	indicate lo		Elevation 5005	NB Iotal Jepth Jepth PBIJ
			Top Oil Pay 35	50!Name of Prod. FormQueen
D	B	A	PRODUCING INTERVAL -	
			Perforations 3550-6	531, 3585-981, 3616-211, 3630-471
EF	G	Н	Open Hole	Casing Shoe 3783' Tubing 3600'
			OIL WELL TEST -	
L K	J	I		Choke bbls.oil,bbls water inhrs,min. Size
	X			cture Treatment (after recovery of volume of oil equal to volume of
MN	N O	P		Choke
			GAS WELL TEST -	
	l			hor / Lange flourd Choke Size
				MCF/Day; Hours flowedChoke Size
tubing ,Casing and Gementing Reco Sure Fret Sax			ot, back pressure, etc.):	
	T			cture Treatment:MCF/Day; Hours flowed
8 5/8"	353	200		thod of Testing:
5 1/2"	3803	935	Acid or Fracture Treatm	ment (Give amounts of materials used, such as acid, water, oil, and
5 1/2	3003	757	sand):SeeBe	a Date first new
2"	3608		Casing Tubing Press. Press.	g Date first new oil run to tanks October 5, 1960
			Gil Transporter Per	raian Corp.
			Gas Transporter	
emarks :	TRTD W/	750. ga	1s. 15% LSTNE a	cid_followed_by_22,000_gals_frac_using
33.000	lhe s	d. and	1100 1bs. "ADO	MITE".
		For fu	rther information	on - See attached sneet.
I hereb	y certify th	at the inf	ormation given above is	true and complete to the best of my knowledge.
			, 19	
01	L CONSE	WATION	N COMMISSION	By:(Signature)
, Anler frien			M	TitleAlt. for District Superintendent Send Communications regarding well to:
itle		10 mi 5 mi 4. 180-19-19-19-19-19-19-19-19-19-19-19-19-19-	the stand of the s	NameJ.R. Parker
0/3	MMOCC	WAM F	File	Address Box 68, Eunice, New Mexico