NEW M XICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (1235) ALLOWABLE

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.

E ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Continental 011 Company Stevens B=12, well No. 6, in. W. 14 NE 14, NE 16, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10					Eunice, New Mexico April 11, 1960 (Place) (Date)
Continental 011 Company Stevens B-12, Well No. 6, in. NY // NE //, (Lase)     in. NY // NE //, (Lase)       B     Sec. 12     T.23*S. R. 366E, NMPM, Langlie Mattix     Pool       Isea     County. Date Spudded 3-27*60.     Date Drilling Completed 1, 5*60.     Elevation 3423' KB     Total Depth 3730' PHD       Please indicate location:     Total Depth 3730' PHD     Total Depth 3730' PHD     PHD       P     Q     H     Provide 1000 CHD INTERVAL     Sect 4.     3687-90, 3696-3714 W/4. ISPF       Perforations 3662-68*.     3681-84.     3687-90, 3696-3714. W/4. ISPF     Depth 3603'       Quest Hole     Cosing Shoe 3720' Tubing 3603'     Onke     Depth 3603'       UI WELL TEST     Depth 100 P     Onke 1185'     Not 2000 AN INTERVAL       Notural Prod. Test:     Total Sect 100 On Disevery of volume of 01 equal to volume	E AR	E HERI	E <b>BY</b> R	EQUESTI	
Company or Operator     (Leae)     (Leae)     (Leae)     Pool       Use     Leve     T. 23mS., R. 36mE., NMPM., Langlie Mattix     Pool       Interest and the second of the second the seco				-	
united     Lieie     County. Date Spudded 3-27.460.     Date Detiling Completed 4.5.60.       Please indicate location:     Elevation 3423' KB Total Depth 3730' PSTD_     PSTD_       D     C     B     A       D     C     B     A       Performance     Total Depth 3730' PSTD_     PSTD_       D     C     B     A       Performance     Total Depth 3720' Depth 3720' Depth 200.3606-3714 W/4 ISPF     Performance       D     C     H     Performance     Depth 3662-68', 3681-84, 3687-90, 3696-3714 W/4 ISPF       Performance     Performance     Depth 3720' Total Depth 3603'     Depth 3603'       UIL MELL TEST -     Natural Prod. Testi     Debts water in 12 hrs, min. Size 18/4       M     N     O     P     Choke Size       Mater Prod. Testi     IOL bubls.cll.     Dist water in 12 hrs, min. Size 18/4       OAS MELL TEST -     Natural Prod. Testi     MCF/Day Hours flowed     Choke Size       Mater Prod. Testi     IOL bubls.cll.     Choke Size     MCF/Day Hours flowed     Choke Size       Mater Prod. Testi     IOL bet Size     MCF/Day Hours flowed     Choke Size     MCF/Day Hours flowed       Stor     <					
Lea     County. Date Spudded. 3=27=60     has brilling Completed 4=5=60       Please indicate location:     3423' KB     Total Depth. 3730' pero		<b>B</b>	, Sec		, T. 23. S, R
Please indicate location:     if evidence     3423' KB     Total Depth_3720'     PBTD	UnH	Lotter			_
Image: Prese induction of production interval in the production of production interval in	•••••••	rea	•••••	• • • • • • • • • • • • • • • • • • • •	County. Date Spudded 3m27mDU Date Drilling Completed 4m5mDO
D     C     B     A       X     Perforations 3662-68*, 3681-84, 3687-90, 3696-3714 w/L ISPF       E     P     G     H       Perforations 3662-68*, 3681-84, 3687-90, 3696-3714 w/L ISPF       Open Hole	P	Please inc	dicate 1	location:	
X     Perforations 3662-68*, 3687-90, 3696-3714 W/4 JSPF       E     F     G     H       Vertications 3662-68*, 3681-64, 3687-90, 3696-3714 W/4 JSPF     Deptin 2000 Deptin 3603*       U     K     J     I       I     K     J     I       I     K     J     I       Notural Prod. Test:     bbls.oil,	<u>ה</u>	<u> </u>	l p		Top Oil Top Pay 3002 Name of Prod. Form. Queen
E     F     G     H       Perforations 3662-661*, 3681-200, 3696-2714, W/4, JSPF       Depth     Depth       Casing Shoe     3720*       T     K     J       I     K     J       N     OIL WELL TEST     Choke       Natural Prod. Test:	<b>5</b>	Ŭ			PRODUCING INTERVAL -
I     K     J     I     Choke       I     K     J     I     Natural Prod. Test:bbls.oll,bbls water inhrs,min. Size       I     N     O     P     Instruct Prod. Test:bbls.oll,bbls.water inl2_hrs,min. Size       I     N     O     P     Instruct Prod. Test:bbls.oll,bbls.water inl2_hrs,min. Size       Indication of the state of the st			X		Perforations 3662-681 3681-81 3687-90 3696-3711 W/L JSPP
I     K     J     I     Choke       M     N     O     P     District	E	F	G	H	Depth Depth 26021
L     K     J     I     Natural Prod. Test:bbls.oil,bbls water inhrs,nin. Size       M     N     O     P     Istaral Prod. Test:bbls.oil, _Obbls water inhrs,nin. Size       M     N     O     P     Istaral Prod. Test:bbls.oil, _Obbls water inbrs,nin. Size       Matural Prod. Test:     Natural Prod. Test:MCF/Day; Hours flowedChoke Size       Natural Prod. Test:MCF/Day; Hours flowedChoke Size     Nethod of Testing (pitot, back pressure, etc.);       Surr     Fert     Sax     Test After Acid or Fracture Treatment:MCF/Day; Hours flowed       7     5/4     33     1     200       4     1/2     3747     1500     eta       2     3625     O     Transporter Testament (Give amounts of materials used, such as acid, water, oil, and cating					Upen HoleCasing ShoeIubing
N     N     O     P       N     N     O     P       Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of oil oad oil used):     104 bbls,oil,     O     bbls water in 12 hrs,     min. Size     18/4       Cas well Test     Natural Prod. Test:     NEF/Day; Hours flowed     Choke Size     18/4       Natural Prod. Test:     NEF/Day; Hours flowed     Choke Size     18/4       Natural Prod. Test:     NEF/Day; Hours flowed     Choke Size     18/4       Natural Prod. Test:     NEF/Day; Hours flowed     Choke Size     18/4       Natural Prod. Test:     Test After Acid or Fracture Treatment:     MCF/Day; Hours flowed     10/4       Y 5/8     33 1     200     Choke Size     Method of Testing:     10/4       4 1/2     3747     1500     eu     After Acid or Fracture Treatment:     MCF/Day; Hours flowed     10, and       2     3625     Gas Transporter     Method of Testing:     0, DOO gals crude, 20,000# Sd, 500     20,000# Sd, 500       2     3625     I ransporter     Testas New Mexico Pipe Line     01     11 ransporter     01     10/2     10/2     10/2     10/2     10/2 <td>•</td> <td>77</td> <td><u>├</u></td> <td></td> <td></td>	•	77	<u>├</u>		
N     0     P       Image: Strate	LL LL	A		_   · <b>⊥</b>	
M     N     O     P     load oil used):     104 bbls,oil,     O     bbls water in     12 hrs,     min.     Size_18/4       GAS WELL TEST -     Natural Prod. Testi					
Icad off used)	M	N	1-0	P	
Natural Prod. Testi     MCF/Day; Hours flowed					load oil used):bbls.oil,bbls water inhrs,min. Size6/
atting feasord     Method of Testing (pitot, back pressure, etc.):       Sire     Fert     Sax       7     5/2     33     1     200       4     1/2     3747     1500     ett of Testing:					GAS WELL TEST -
abiling , Gasing and Communications given above is true and complete to the best of my knowledge.     MCF/Day; Hours flowed       7 5/8 33 1 200     Test After Acid or Fracture Treatment:     MCF/Day; Hours flowed       4 1/2 3747 1500 et     Test After Acid or Fracture Treatment:     MCF/Day; Hours flowed       2 3625     Choke Size     Method of Testing:       2 3625     July 2000     gala acid, 10, UOO gala crude, 20,000# Sd, 500       Casing P50     Tresses: \$k0     Date first ndw       011 Transporter     Testas New Mexico Pipe Line       Gas Transporter     Gas Transporter       Comproved     .19       011 CONSERVATION COMMISSION     By:       Mathematical Superinter Communications regarding well to:					Natural Prod. Test: MCF/Dav: Hours flowed Choke Size
Sire     Feet     Sax     Test After Acid or Fracture Treatment:     MCF/Day; Hours flowed       7     5/€     33     1     200     Acid or Fracture Treatment:     MCF/Day; Hours flowed       4     1/2     3747     1500     end     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and       2     3625     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and       2     3625     Tubing     Date first new       2     3625     Tubing     Date first new       950     Press.     950     Press.       950     Press.     950     Press.       950     Press.     950     Oil run to tanks       6as Transporter     Gas Transporter     Gas Transporter       emarks:     I.C. 030566b     Oil Constance and complete to the best of my knowledge.       011     Constance and complete to the best of my knowledge.     Oil Company or Operator)       011     CONSERVATION COMMISSION     By:     MCF/Day:       11     MCE/Day:     Title     District S. Superintendent       11     Send Communications regarding well to:     Name.			and Com	anting Peec	·
7     5/8     33     1     200       4     1/2     3747     1500     etc.     Method of Testing:       2     3625     Aid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and said)       2     3625     Dot first new press.     Stop p		•			
4     1/2     3747     1500     endition     Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand)       2     3625     3625     Date first new press.     20,000# 3d, 500       2     3625     950     Press.     2000     adomite       011 Transporter     Texas New Mexico Pipe Line     Adomite       Gas Transporter     Gas Transporter     Gas Transporter       Construct     19     Continental 011 Company       011 CONSERVATION COMMISSION     By:     (Company or Operator)       By:     (Signature)     Title       Title     District     Send Communications regarding well to:       Name     Je. Re. Parker     Name					Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
4     1/2     3747     1500     end)     acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand)       2     3625     3625     Tubing acid.     10,000     gala crude, 20,000#     Sd, 500       2     3625     Gasing 950     Press.     \$\$\$\$ \$\$\$ \$\$\$ 00 oil run to tanks.     \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$	7	5/8	33 1	200	Choke SizeMethod of Testing:
2     3625       2     3625       3625     950       Press.     950       950     Press.       6as Ing     1000 gals acid. 10,000 gals crude, 20,000# Sd, 500       011 run to tanks     1000 factor       011 Transporter     Texas New Mexico Pipe Line       Gas Transporter     Gas Transporter       Gas Transporter     Gas Transporter       Gas Transporter     Gas Transporter       Gas Transporter     (Company or Operator)       011 CONSERVATION COMMISSION     By:       With the information given above is true and complete to the best of my knowledge.       (Company or Operator)       011 CONSERVATION COMMISSION       By:     (Company or Operator)       By:     (Signature)       Title     District Superint endent       Send Communications regarding well to:     Name       Name     Ja. Re					
2     3625       2     3625       3625     Press.       950     Press.       6as Ing     Tubing       950     Press.       950     Press. <td>4</td> <td>1/2 3</td> <td>747</td> <td>1500 e</td> <td>Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and</td>	4	1/2 3	747	1500 e	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
2     3625     Press. 950 Press. 860 oil run to tanks 4-10-60     Adomite       0il Transporter     Texas New Mexico Pipe Line     Gas Transporter       Gas Transporter     Gas Transporter     Gas Transporter       Indext Constant Stransporter     Jage Transporter     Gas Transporter       Indext Co					t sand):1000 gals acid. 10.000 gals crude. 20.000# Sd. 500#
Continental Oil Company Continental Oil Company Continental Oil Company Continental Oil Company Continental Oil Company (Company or Operator) By: Continental Oil Company (Signature) Title District A Send Communications regarding well to: Name	2	3	625		Press. 950 Press. 840 oil run to tanks 4-10-60 Adomite
Gas Transporter marks: LC 030566b I hereby certify that the information given above is true and complete to the best of my knowledge. proved	~				
Indext and complete to the best of my knowledge.       I hereby certify that the information given above is true and complete to the best of my knowledge.       proved				l	
LC_030566b I hereby certify that the information given above is true and complete to the best of my knowledge. proved OIL CONSERVATION COMMISSION By: Continental Oil Company (Company or Operator) By: (Signature) Title District Superintendent Send Communications regarding well to: Name Lo. Re. Parker					Gas Transporter
I hereby certify that the information given above is true and complete to the best of my knowledge. pproved	mark				······
OIL CONSERVATION COMMISSION I CONSERVATION COMPANIA I CON		LC	030	566b	
OIL CONSERVATION COMMISSION I CONSERVATION COMPANIA I CON					
OIL CONSERVATION COMMISSION I CONSERVATION COMPANIA I CON	TL				ormation given above is true and complete to the best of my knowledge.
OIL CONSERVATION COMMISSION Signature) Title District Superint endent Send Communications regarding well to: Name Jo. R. Parker			eruty u	ist the nu	Continental Oil Company
OIL CONSERVATION COMMISSION By: Matcheline (Signature) Title District Superint endent Send Communications regarding well to: Name. Jo. R. Parker	pprove	ed			
(Signature) Title District Superint endent Send Communications regarding well to: Name				7 F	Mille 1950 / Martine Comment
Title District Superintendent Send Communications regarding well to: Name		OIL C	ONSE	RVAŢIOŊ	
Send Communications regarding well to: Service District 1 itle		12.			
itle	v:/		11	H/	Title District Superintendent
	3	E C	27		Send Communications regarding well to:
	itle		••••••••••		Dur wrassius ()
/3 NMOCC WAM file Address Box 68. Eunice. New Mexico		/	/		
	/3 1	NNOCC	WAI	M <sup>%</sup> <b>fil</b> a	Address