

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 QUADRUPPLICATE 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

April 10, 1961

(Place)

(Date)

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

Continental Oil Co. Bell Lake Unit, Well No. 5, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

G Unit Letter Lea, Sec. 1, T. 24-S, R. 33-E, NMPM., Bell Lake (Morrow Sand) Pool

County. Date Spudded 2-6-58 Date Drilling Completed 10-3-58
Elevation 3652' DF Total Depth 16,100 PBD 15,475

Please indicate location:

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

Top Oil/Gas Pay 14,417 Name of Prod. Form. Morrow Sand

PRODUCING INTERVAL -

Perforations 14,417-24', 14,433-54'

Open Hole Depth 15,560 Depth Tubing 14,481

OIL WELL TEST -

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

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: COFP 7625 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): Acidized perfs 14,417-54' w/500 gal MCA acid.

Casing Tubing Date first new Press. 7080 oil run to tanks -

Oil Transporter _____

Gas Transporter Continental Oil Company

Remarks: Allowable requested to provide gas for gas drilling operations on Bell Lake Unit No. 7, located 660' from north and east lines Section 1-24-33, Lea County.

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: _____ (Signature)

By: _____

Title District Superintendent
Send Communications regarding well to:

Title _____

Name Box 68

0/3 NMOCC WAM File

Address Eunice, New Mexico