

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.

Unice, New Mexico Aug. 8, 1961
(Place) (Date)

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

Continental Oil Company Bell Lake Unit, Well No. 4, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

F Sec. 6, T. 24-S, R. 34-E, NMPM., Devonian Pool
Unit Letter

Lea County. Date Spudded 1-29-56 Date Drilling Completed 4-22-57

Please indicate location:

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

Elevation 3626' KB Total Depth 15,566 FBD 15,050

Top ~~Oil~~/Gas Pay 14,736 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 14,736-747', 14,762-795', 14,808-834', 14,844-884',
14,896-916', 14-928-938' Depth Depth
Open Hole Casing Shoe 14,561 Tubing 14,907

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 -

Natural Prod. Test: 64,000 MCF/Day; Hours flowed 24 Choke Size 12/64"

Tubing, Casing and Cementing Record

Size	Feet	Sax
20"	782	1000
13-3/8"	6,135	3334
9-5/8"	12,539	2000
7"	14,679	500
5"	1,215	200

Remarks: _____

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

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 Transwestern

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

0/3 NMOCC WAM File

Continental Oil Company
(Company or Operator)

By: J. R. Parker
(Signature)

Title District Superintendent
Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Unice, New Mexico

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				Lease Bell Lake Unit		Well No. 4
Unit Letter P	Section 6	Township 24-S	Range 34-E	County Lea		
Pool Devonian				Kind of Lease (State, Fed, Fee) State		

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
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Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
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Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>	Date Connected 8-3-61	Address (give address to which approved copy of this form is to be sent) P. O. Box 2018, Roswell, New Mexico
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If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below)
 Oil ☐ Dry Gas ☐
 Casing head gas ☐ Condensate ☐

Notice of connection by pipe line

Remarks

0/4 M40CC HAM SA File

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **4** day of **August**, 19 **61**.

OIL CONSERVATION COMMISSION		By
Approved by		<i>Jerry L. Lelt</i>
		Title District Superintendent
Title		Company Continental Oil Company
Date		Address Box 68, Eunice, New Mexico