

REQUEST FOR ~~XXXX~~ (GAS) ALLOWABLE

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 the 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 January 18, 1960  
(Place) (Date)

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

Continental Oil Company Stevens B-7 Well No. 1, in NW  $\frac{1}{4}$  NW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

D Sec. 7, T. 23-S, R. 37-E, NMPM, Jalmat Pool  
Unit Letter

Lea County. Date started 12-16-59 Date work Completed 12-22-59  
started

Please indicate location:

Elevation 3386' DE Total Depth 3465 PBD

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

Top Oil/Gas Pay 2887 Name of Prod. Form. Yates - Seven Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 2789-3465' Depth 2789' Depth 2991'  
Casing Shoe Tubing

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 load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

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 Company

Remarks:

Killed well - Installed TBC - swabbed off

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)

Title District Superintendent  
Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Unice, New Mexico