

REQUEST FOR ~~WELL~~ (GAS) ALLOWABLE

RECEIVED  
DISTRICT OFFICE  
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 the well was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during the 30-day period 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 January 18, 1960  
(Place) (Date)

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

Continental Oil Company Stevens B-7, Well No. 2, in NE 1/4 SE 1/4,

(Company or Operator)

(Lease)

J Sec 7, T. 23-S, R. 37-E, NMPM, Jalmat Pool

Unit Letter

Lea

started 12-26-59

work completed 12-27-59

County Date Spudded 3362' DF Total Depth 3496' PBTD

Please indicate location:

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

Top Gas Pay 3420' Name of Prod. Form Yates - Seven Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 2717-3496' Depth Casing Shoe 2717' Depth Tubing 3321'

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 \_\_\_\_\_

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	1220	500
5 1/2	2730	500
2"	3344	

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 TBG - 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)

By: \_\_\_\_\_

Title: District Superintendent

Send Communications regarding well to:

Title: \_\_\_\_\_

Name: J. R. Parker

Address: Box 68, Eunice, New Mexico

0/3 NMOCC HLJ WAM file