

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
(Place)

December 22, 1958
(Date)

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

Continental Oil Company Stevens B-18, Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)
Unit 18, Sec. 18, T. 23S, R. 37E, NMPM., Jalmat Pool

Lea

County. Date Spudded 11-23-47 Date Drilling Completed 12-15-47

Please indicate location:

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

Elevation 3354 Total Depth 3463 PBTD

Top Oil/Gas Pay 2825 Name of Prod. Form. Yates - Seven Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 2746-3463 Depth 2746 Depth Casing Shoe 2746 Depth Tubing None

OIL WELL TEST -

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

GAS WELL TEST -

Natural Prod. Test: 5300 MCF/Day; Hours flowed _____ Choke Size _____

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

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

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>7 5/8</u>	<u>1219</u>	<u>550</u>
<u>5 1/2</u>	<u>2746</u>	<u>500</u>

Remarks: Fluid was unloaded from well. Orifice plate size changed from 1.25" to 1.50".

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: J. R. Parker
(Signature)

By: _____

Title: District Superintendent
Send Communications regarding well to:

Title _____

Name: J. R. Parker

Address: Box 68, Eunice, New Mexico