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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

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.

Burice, New Mexico May 16, 1963
(Place) (Date)

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

Continental Oil Company

Stewart 29

2

NE

SE

(Company or Operator)

(Lease)

I Unit Letter

Sec. **29**

T. **23-S**

R. **37-E**

NMPM.

Jalnet Gas

Pool

Lea

County **BLAKE**

Workover started

Workover r

Completed

5-12-63

Elevation **3310 DF**

Total Depth **4000**

PBTD **3390**

Please indicate location:

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

Top ~~Oil~~/Gas Pay **2693**

Name of Prod. Form. **Yates & Seven Rivers**

PRODUCING INTERVAL

2693-99, 2708-10, 2718-21, 2747-50, 2754-59, 2785-89, 2815-21, 2848-50, 2855-58, 2875-79, 2932-37, 2949-58,

Perforations **2987-93, 3020-23, 3028-32, 3036-40.**

Open Hole

Depth **3465'**

Depth **2789**

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 _____

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

Test After Acid or Fracture Treatment: **328** MCF/Day; Hours flowed **24**

Choke Size **1/4"** Method of Testing: **One point back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **20,000 gal gelled water and 20,000 lb sand.**

Casing Press. **280** Tubing Press. **100** Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company**

Remarks: **On pot test flowed GPP of 328 MCFPD. Del at 200 PSI - 311 MCFPD. Del at 600 PSI - 255 MCFPD. Del at 100 PSI - 320 MCFPD. SIP - 1340 PSIG. Est daily allow 210.3 MCF.**

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: _____

SIGNED _____
(Signature)

Title **District Superintendent**
Send Communications regarding well to:

Name **Continental Oil Company**
Box 68 Burice, New Mexico

Title **NOCC-4 ABS File**