

**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.

Bunice, New Mexico 1-29-62  
(Place) (Date)

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

Continental Oil Company Leases B-30, Well No. 3, in SE  $\frac{1}{4}$  NW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
P, Sec. 30, T. 26S, R. 37E, NMPM, Jalwat Pool  
Unit Letter

Lee County. Date Spudded 12-29-61 Date Drilling Completed 1-9-62  
Elevation 2939' KB Total Depth 3250' PBD

Please indicate location:

|   |        |   |   |
|---|--------|---|---|
| D | C      | B | A |
| E | F<br>X | G | H |
| L | K      | J | I |
| M | N      | O | P |

Top Oil/Gas Pay 3234 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3236-42' W/4 JSPT  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe 3250' Depth Tubing 3225'

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): 55 bbls. oil, 77 bbls water in 24 hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

| Size         | Feet        | Sax        |
|--------------|-------------|------------|
| <u>7 5/8</u> | <u>347</u>  | <u>200</u> |
| <u>4 1/2</u> | <u>3255</u> | <u>575</u> |
| <u>2 3/8</u> | <u>3247</u> |            |
|              |             |            |

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): 1000 gals 15% ISTNE acid  
Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks 1-20-62

Oil Transporter Shell Pipe Line Corp.

Gas Transporter \_\_\_\_\_

Remarks: \_\_\_\_\_

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 NMOC WAM File

**Continental Oil Company**  
(Company or Operator)

By: \_\_\_\_\_  
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name J. R. Parker

Address Box 68, Bunice, N. M.