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OPERATOR	

# 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 August 31, 1962  
(Place) (Date)

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

Continental Oil Company Eaves B-30, Well No. 5, in SE  $\frac{1}{4}$  NE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

H, Sec. 30, T. 26S, R. 37E, NMPM., Jalmat Pool  
Unit Letter

Lea

Please indicate location:

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

County. Lea Date Spudded 8-22-62 Date Drilling Completed 8-26-62  
Elevation 3950' KB Est. Total Depth 3300' FBTD -

Top Oil/Gas Pay 3175' Name of Prod. Form. Seven Rivers

### PRODUCING INTERVAL -

Perforations 3175-78', 3181-84', 3190-93'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 3300' Depth \_\_\_\_\_ Tubing 3145'

### 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 load oil used): 155 bbls. oil, 37 bbls. Acid water in 18 hrs, \_\_\_\_\_ min. Choke Size 18/64"

### 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): 2,000 Gal. 15% LSTNE Acid.

Casing Press. \_\_\_\_\_ Tubing Press. 330 Date first new oil run to tanks 8-30-62

Oil Transporter Shell Pipe Line Corporation

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

Remarks:

IP Fl 155 Bbl 30 Deg. Grav. Oil, 37 BAW in 18 hrs, w/21.4 MCFG, GOR 138.

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)

By: J. R. [Signature]  
(Signature)

OIL CONSERVATION COMMISSION

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company  
Box 68, Eunice, New Mexico

Title \_\_\_\_\_  
0/3 NMOC WAM File

Address \_\_\_\_\_