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	GAS
PRORATION OFFICE	
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.

Bunice, New Mexico 2-22-63  
(Place) (Date)

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

Continental Oil Company Leaves B-1, Well No. 7, in NE  $\frac{1}{4}$ , SE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
I, Sec. 30, T. 26-S, R. 37-E, NMPM, Jalmat Pool  
Unit Lector

Las County. Date Spudded 2-9-63 Date Drilling Completed 2-11-63

Please indicate location:

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

Elevation 2944 Total Depth 3300 PBSD  
Top Oil/Gas Pay 3045 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 3242-46, 3252-54, 3260-63, 3271-74, 3279-81  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 3900 Tubing 3231

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): 156 bbls. oil, 5 bbls water in 24 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): 1000 gals 15% acid

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 400 Press. 175 oil run to tanks 2-20-63

Oil Transporter Shell Pipe Line Corporation

Gas Transporter Vented

Remarks: IP flowed 156 BO, 5 BW, 5.6 MCFG thru 18/64" choke in 24 hours, GOR 359.

NMOCC-4 NAM FILE

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: SIGNED: J. H. PARKER  
(Signature)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_  
Title: District Superintendent

Send Communications regarding well to:  
Name: Continental Oil Company

Title \_\_\_\_\_  
Address: Box 68 - Bunice, New Mexico