Santa Fe, New Mexico

REQUEST FOR (OIL) - (CAS) ALLOWABLEAN

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 QUADRUPLICATE 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.

T 405 F	CDCDV DE	OTIESTIN	C AN ATTO	WARTE FOR	(Place) A WELL KN	OWN AS		(Date)
		-			•	•	in SW	1/4 NW 1/4
e /	Sec	30	T 17-8	R 29-8	, NMPM.,	Empire Al	be Unda	Poo
BECT			County. Da	te Spudded	2-30-60	Date Drilling	g Completed	TeTOOT
Pleas	e indicate lo	ation:			Total			
			Top Oil/Gas	Pay 6205	Name o	of Prod. Form	Abo Reef)
D	C B	A	PRODUCING IN	TERVAL -				
l					, 6306-11,	5208 <u>-</u> 2/		
E	F G	H	Perforations	4657,-76	Depth	(and	Depth	(000
I	• •	"	Open Hole		Depth Casin	Shoe 6373	Tubing	621.2
•			OIL WELL TES					
L	K J	I		_				Choke
		l.	Natural Prod	. Testi	_bbls.oil,	bbls water	inhrs,	min. Size_
								ual to volume of
M	N O	P	load oil use	ed): 215 bb.	ls.oil,40	_bbls water in	24 hrs, -	min. Size
	77 = :		GAS WELL TES	-				
2, 210 N	- 335 W	-	Naturai Prod	l. Test:	MCF/Da	ay; Hours flowed	Choke	Si ze
ubing ,Cas	ing and Gemen	ting Record	Method of Te	sting (pitot, b	ack pressure, etc	:-):		,
Size	Feet	Sax	Test After A	cid or Fracture	Treatment:		MCF/Dav: Hours	flowed
					of Testing:			-
8 5/8	7141	300	Choke 312e	We thou	or restring.			
1-		/	Acid or Frac	ture Treatment (Give amounts of	materials used,	such as acid,	water, oil, and
5 1/2	6430	600		3000 gals				
/-	/		Casing	Tubing	Date first oil run to	new	7-20-67	
2 3/8	6233		Press. PKR	Press45	oil run to	tanks	1-20-01	
	1		Oil Transpor	ter Castus	Petroleum,	Ing.		
			Gas Transpor	ter None.	Ges being	vented.		
emarks:	acres	e 27			er 176			
	7							
		······································	***************************************	***************************************				
	1=4SLO		***************************************					
I hereb	y certify tha	t the infor	mation given	above is true a	and complete to	the best of my	knowledge.	
pproved		ΑΝ	2.5.1961	, 19	Con	tinental Oi		****************
· -	•	0,			(Company	or Operator)	
OI	L CONSER	VATION (COMMISSIC	ON	By:	MA	sser	
_		,			•	(Sign	ature)	
, Di	L'Orni	N/4011	7		Title	strict Supe	rintendent	_
e enghadafa		. Horachinki.ki		A-1	Send	Communicatio	ns regarding	well to:
		#En *#4						
tle	aan.uas.lus	CGUI.WB	••••••••••••••••••••••••••••••••••••••		Name	ntinental O	LL COMPANY	7

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•	P s	CIL COMETRACTS ALCOMMISSION
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		ALEBATION
		NO. FURNICHED
b		winate
·		STATE LAND OFFICE
		U. S. G. S.
en e		- OF MINES