REQUEST FOR (OIL) ALLOWABLE

New Well

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 G-10H 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.

				Habbs NowMo	xico	7-30-63
E ARE	HEREBY	REQUESTI	NG AN ALLOWABLE	\ ,	VN AS:	V====,
atine	ntal 0	il Compai	ny Grace Mitch	11"B"Well No1		1 /4 N W 1/4
(Company or (Operator)	(Le. , T 17.8 , R 32 1	use)		
Unit	Letter					
			County. Date Spudde	14-26-60	Date Drilling Comp	DETE 116
Pl	ease indicat	e location:		Total DepName of P		
D	C	B A	PRODUCING INTERVAL -			
	·			13. 3782-3836.	3850-02. 3	OA4-55, 4128-3
E	F (3 H		Depth Casing Sh		Danth
				Casing Si	4140	1 do Fig
L	K	JI	OIL WELL TEST -			Choke
1			· ·	bbls.oil,		
M	N			cture Treatment (after re		Choke
"		Ĭ Ī	load oil used):	bbls,oil,bb	ols water in 24	hrs,min. Size_15
			GAS WELL TEST -			
PN	L & 660	M	Natural Prod. Test:	MCF/Day;	Hours flowed	Choke Size
bing ,	Casing and C	ementing Reco	rd Method of Testing (pit	ot, back pressure, etc.):		
Size	Feet	Sax	Test After Acid or Fra	cture Treatment:	MCF/Da	y; Hours flowed
<i>,,</i>	/8 368	350	Choke Size Me	thod of Testing:		
1-3	/O360	333	Asid on Fracture Treat	ment (Give amounts of mat	erials used, such	as acid, water, oil, and
4 1	/2 4140	1200				
2 3	/8 3589			Date first hew		
- 3	70 3209			676oil run to tan		
				tinental Pipe	Cine Compar	y - Mi tonday - Av
erud	le 85	000# nd	Gas TransporterVe	CMITE Additive	e N	
marks	:		atu			<u></u>
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.		-11 : £	ormation given above is	me and complete to the	hest of my knowl	edge.
pprove	d		, 19	Continenta	Company or Ope	rator)
	OIL CONS	SERVATION	COMMISSION	Ву:	Jule	
		////	11		/ (Signature)	
:/.	11/1			Title Distri	ct Superint ommunications reg	rarding well to:
le		-	·			
.ıc	/	·····		Name Contin	ental Oil C	ompany
OCC.	(6) AB	S. PITE		Address BOX	460 Hobbs	New Mexico