

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 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.

Artesia, New Mexico

May 15, 1959

(Place)

(Date)

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

Continental Oil Company

State B

Well No. 4

in SW 1/4

NE 1/4

(Company or Operator)

(Lease)

G

Sec. 16

T. 17S

R. 32E

NMPM,

Maljamar

Pool

Unit Letter

Lea

County. Date Spudded 3-23-59

Date Drilling Completed 4-15-59

Please indicate location:

Elevation 4050

Total Depth 4293

PBTD 4185

Top Oil/Sec Pay 3764

Name of Prod. Form.

Grayburg

PRODUCING INTERVAL 3922

San Andres

Perforations 3764-69, 3830-34, 3856-62, 4041-47, 4218-23, 4270-74

Open Hole

Depth

Depth

Casing Shoe 4293

Tubing 4076

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): 56 bbls. oil, NO bbls water in 24 hrs, 0 min. Choke Size Pump

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): 1.250 gals. Acid and 30,000 gals. standard sand

Casing Tubing Date first new Press. _____ oil run to tanks 5-11-59

Oil Transporter Continental Pipe Line Company

Gas Transporter Maljamar Cooperative Repressuring Agreement

Remarks: Allowable will be requested by Maljamar Cooperative Repressuring Agreement

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)

OIL CONSERVATION COMMISSION

By: _____

By: _____

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Rowley Bldg., Artesia, New Mexico

Title _____