(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (CAS) 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 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 June 25, 1959
WE ARE	HEREBY P	EQUEST	(Date) (NG AN ALLOWABLE FOR A WELL KNOWN AS:
<u>Conti</u>	nental	011Got	mpany State B , Well No. 5 , in ME 14 SE 14,
Valt L	Sec	16	, T178, R. 32E, NMPM.,
		Lea	County. Date Spudded 5-28-59 Date Drilling Completed 6-11-59
Plea	se indicate	location:	Elevation 4036 Total Depth 4224 PBTD
D	C B	A	Top 011/GX Pay 3784 Name of Prod. Form. Grayburg
			PRODUCING INTERVAL -
E	FG	+	Perforations 3784-89, 3810-15, 3837-16, 3856-62.
	F G	H	Open Hole Depth Depth
			OIL WELL TEST -
L	KJ	I	
		X	Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
M	NO	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
J			load oil used): 50 bbls.oil, 10 bbls water in 24 hrs, 0 min. Size 18/64
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowedChoke Size
bubling ,Cas Size		and Comenting Recor	Method of Testing (pitot, back pressure, etc.):
	1		Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 5/8 232 100			Choke SizeMethod of Testing:
51/2	4223	900	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 20,000 gsls standard sand-free. Casing Tubing Date first new
			Press. 770 Press. 400 oil run to tanks 6-17-59
			Oil Transporter Continental Pipe Line Co.
	A73		Gas Transporter Maliamer Cooperation Person
emarks:	.ALLEYER	DIOYII	l be requested by Maljamar Cooperative Repressuring Agrant
***************************************	•••••••••••	••••••••	
	***************	••••••••	
			mation given above is true and complete to the best of my knowledge.
proved			, 19 Continental Oil Company
<b>011</b>	COMER		(Company or Operator)
	CONSER	VATION	COMMISSION By: (Signature)
		S	
	anne of make	hood harden	Title District Superintendent Send Communications regarding well to:
le	***************************************		
		./	NameContinental Oil Company

Address Rowley Bldg. Artacts