

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.

Artesia, New Mexico 11-28-60
(Place) (Date)

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

Continental Oil Company State B, Well No. 8, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 16, T. 17S, R. 32E, NMPM, Maljamar Pool
Unit Letter

Lea County. Date Spudded 10-5-60 Date Drilling Completed 10-20-60
Please indicate location: Elevation 4101 Total Depth 4080 PBD 4060

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

Top Oil/Gas Pay 3778 Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL -

Perforations 3780-88, 3821-27, 3848-54, 3901-05, 3946-56

Open Hole Depth Casing Shoe 4077 Depth Tubing 3841

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): 23 bbls. oil, NO bbls water in 24 hrs, min. Choke Size 14/64

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): 500 gal. acid, 26,000 gal crude, 26,000# sand, 930#/ Adomite
Casing Tubing Date first new
Press. 460 Press. 240 oil run to tanks 10-26-60

Oil Transporter Continental Pipe Line Company

Gas Transporter Maljamar Cooperative Agreement

Remarks: Allowable will be requested by MCA Engineering Sub-Committee

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: NOV 2, 1960, 19

Continental Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: E. R. Pritchard
(Signature)

By: [Signature]

Alternate for

Title: District Superintendent

Send Communications regarding well to:

Title: [Signature]

Name: Continental Oil Company