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

REQUEST FOR (OIL) - (CSAS) 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	
E ARE I	HEREBY R	REQUESTIN	NG AN ALLOWABLE FOR	, ,	(Date)
Contin	ental Oi	1 Company		B, Well No34,	in SE 1/4 SE 1/4
(Co	mpany or O	perator)	(Lease)		, -
Unit La	, 560 ster	AA	, 1 1 19, K 245	, NMPM.,	Pool
		Lea		5-28-59 Date Drilling	
Plea	se indicate	location:		Total Depth 4200	
D	C B	A		Name of Prod. Form.	Grayburg-San Andres
			PRODUCING INTERVAL - 37.	L4-3934	
E	F G	H	Perforations 3714-20	3730-35, 3748-56, 3766	
"			Open Hole	Casing Shoe 4199	Depth Tubing 3801
	- -		OIL WELL TEST -		
r	K J	I	Natural Prod. Test:	bbls.oil,bbls water	Choke in hrs, min. Size
				Treatment (after recovery of vo	
N	N O	P		ols.oil,bbls water in	Choke
		I	GAS WELL TEST -	· · · · · · · · · · · · · · · · · · ·	
ning Cas	ing and Cem	enting Record		MCF/Day; Hours flowed	
ubing Casing and Cementing Reco		_	, , , , , , , , , , , , , , , , , , , ,	pack pressure, etc.):	
	T			Treatment:	
8 5/8	234	100	Choke Size Method	of Testing:	
5 1/2	4199	850	Acid or Fracture Treatment	(Give amounts of materials used,	such as acid, water, oil, and
				23,000 gals, standard	sand-frag.
			Casing Tubing Press. Press.	Date first new oil run to tanks Jul	y 17, 1959
			Oil Transporter Conti	tental Pipe Idne Co.	
	<u> </u>		Gas Transporter Malian	er Cooperative Repress	uring Agreement
marks:	Allomb	le dll be		er Representing Agreem	
		•••••	••••••		The same of the sa
pies t	RANDOCC.	- 4	••••••••		
I hereb	y certify th	nat the infor	mation given above is true	and complete to the best of my	knowledge.
proved		••••••	, 19	Continental Oll Co	
				(1)//////	or Operator)
OI	L CONSE	RVATION	COMMISSION	By: (Sign	ature)
		4/1/11	Chall S	Title Asst. District	
the b	describerandensein	! U	.f.ff.C.	1 ltle	ns regarding well to:
le				Name Continental Oil	Company
				114111	
				Address Rowley Bldg., A	I TTTLE, H. FIEL.