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 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, Ne	w Mexieo	July 21, 1959
E ARE F	HEREBY I	REQUEST	ING AN ALLOWABLE FOR	, ,	VN AS:	(Date)
Contine	ental Of	1 Company	y Wm. Mitchell B	Well No 3.7	in	NV 1/2 SE 1/
(CO	mpany or O	perator)	(Lease)			
Unk Le	, Se ner	c 	T. 178 , R 32E	, NMPM.,	Mal ja	Poc
· · · · · · · · · · · · · · · · · · ·		Lea	County. Date Spudded	6-15-59	Date Drilling Com	pleted 6-30-59
Pleas	e indicate	location:	Elevation3980		oth <u>4200</u>	PBTD -
DI	C B	A	Top Oil/35X Pay 3710	Name of F	rod. Form. Gra	burg-San Andres
			PRODUCING INTERVAL - 381	0-3943		
			Perforations 3710-16 , 3	734-42. 3752-5	6. 3910-14.	3939-43
E	F G	H	Open Hole	Denth		Donth
			OIL WELL TEST -			rubing nor
LK	K J	I				Choke
	I		Natural Prod. Test:	,		
M :	N O	P	Test After Acid or Fracture	Treatment (after re	covery of volume of	of oil equal to volume of Choke -
ļ		i i	load oil used): 45 bb	ls, oil,bb	els water in 24	hrs, Omin. Size
	i		GAS WELL TEST -			
			_ Natural Prod. Test:	MCF/Day;	Hours flowed	Choke Size
ibing ,Cas	ing and Cen	enting Reco				
Size	Feet	Sax	Test After Acid or Fracture			
8 5/8	237	100	Choke SizeMethod o			y, nodia iloweo
0 7/0	201	100				
5 1/2	4199	775	Acid or Fracture Treatment (Give amounts of mate	erials used, such	as acid, water, oil, and
			sand): Treated with	3000 gals. s	td. sand-free	l
			Casing Press. 460 Press. 10	Date first new oil run to tan	ks July 12 ,	1959
			Oil Transporter Coutin			
		<u> </u>	Gas Transporter Maljama			
marks:		Allomi	le will be requested !			
			-			
ies to:	N.M.O.	3.C 4		• • • • • • • • • • • • • • • • • • • •	•••••••	
I hereb	y certify th	nat the info	ormation given above is true a	nd complete to the	best of my knowle	edge.
	•			•	ntal Oil Com	•
		<u>-</u>	A W *****************************	1. 1 I	(Company or Ope	
OII	Leonse	RVATION	COMMISSION	By:	Heren	*****
				•	(Signature)	
-111	[[1]		4/11/1	1 164C	strict Superi	
ام		1	· ·	Send Cor	mmunications reg	arding well to:
le	• • • • • • • • • • • • • • • • • • • •			Name Contine	ntal Oil Com	eny —
				Address Rowley	Ride Ambaa4	a N Mar
						A A THE PARTY OF T