NEW M. .CO OIL CONSERVATION COMMIS: N Santa Fe, New Mexico

REQUEST FOR (OIL) - (OAB) ALLOWABLE

New Well Representation

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 field Buring Balendar 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		(Date)		
			TO AN ALLOWADLE FO	(Place)	OWN AS-		(set (
: ARE I	HEREBY R	EQUESTIN	NG AN ALLOWABLE FO	# Well No	21 in	SE 1/4	IV 1/4
100	moany or Ot	crator)	(Lease	:)			
		20	, T. 175, R	, NMPM., b	aljamar-Padd	0.9 i C	Poo
			County. Date Spudded.				
			Flevation 4008		Depth	FBIU	
Plea	se indicate	location:	Top Oil/Gas Pay 5334	Name o	f Prod. Form	Paddoc	<u> </u>
D	СВ	A	PRODUCING INTERVAL -				
			Perforations 536				
E	F G	Н	Open Hole	Depth Casing	Shoe 5498	Depth Tubing	5410
	x		OIL WELL TEST -				
ī –	KJ	I	Natural Prod. Test:		bble weter i	n hre	Choki min. Siże
v +	NO		Test After Acid or Fract load oil used): 119	ure Treatment (after	recovery of volu	ne u ui edu	Choke
M			load oil used): 119	_bbls,oil, _	DDIS water in 2	nrs,	
			GAS WELL TEST -	· ·			
451 1	<u>IL & 2615</u>	1 TWL	Natural Prod. Test:	MCF/Da	ay; Hours flowed _	Choke	Size
ubing Ca	sing and Cen	menting Recon	rd Method of Testing (pitot	t, back pressure, etc	c.);		
Sire	Feet	Sax	Test After Acid or Fract	ture Treatment:	мс	F/Day; Hours	flowed
			Choke SizeMeth				
3 5/8	251	150			besu ala instanta	uch as acid. Y	water, oil, and
5 1/2	5544	1500	Acid or Fracture Treatme	DU gals Lse Cr	ude, 6000/ S	and,	· · · ·
			sand):		2011		
2 3/8	5444		Press. 1240 Press.				
•			Oil Transporter Conti				
			Gas Transporter Conti				
emarks:	•••••••	•••••	·····		***************************************		
				•••••	•••••		
NNOCC-	4 File			•••••		owledge	
I hèr	eby certify	that the inf	ormation given above is the	rue and complete to	the best of my ki	IOMIEURE.	
pproved					(Company or	Operator)	
		7 //	1 December 1	B	1/2/ 1. Je	sser	
(OUL CONS	ERVATION	1 COMMISSION	Dy:	(Signal	ture)	
I.	Me I	hidu	1. 11/1	Title Distri	let Superinte	ndent	
y:	the fill	May MU	C.ff.	Sene	d Communication	s regarding w	ell to:
itle			с. 19. – Сан	NameConti	ental.Oil.Go		
	\mathcal{O}		a the and the and the second	-			an Mand an
				Addressel	y Building	irtesia, D	GM - MELLICO-