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

## REQUEST FOR (OIL) - (CIL) 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

		-	•			New Mexico	July 22, 1960	
E ARE I	HEREBY R	REOUEST	ING AN ALLO	OWABLE FO	(Place) R A WELL KI	NOWN AS:		(Date)
		-					SE 1/4	SW 1/.
(Co	ompany or O	perator)		(Lease)	,	1 july	nat	·····/4,
Uan L	Sec	<b>22.</b>	, T <b>185</b>	, R <b>345</b>	, NMPM.,	<del>juiniga</del>	rhest	Pool
		<b>A3</b>	County. Da	ate Spudded	7-2-60	Date Drilling C	completed 7	-14-60
Please indicate location:						1 Depth		
D	C B	T .	Top Oil	Pay4562_	NameName	of Prod. Form.	Queen	<del></del>
		A	PRODUCING II	NTERVAL -				
E F			Perforations	<u> 4562-71</u>	<b>.</b>			
	F G		Open Hole		Dept Casi	h ng Shoe <b>&amp;&amp;35</b>	Depth Tubing	4540
			OIL WELL TES	<u>st</u> -				
L	K J	I		_	bbls.oil.	bbls water in	n hrs.	Choke
			ļ			er recovery of volum		
M	N O	P				bbls water in	•	
1	R		GAS WELL TES		,	sb13 water in	,,,,,	11111. 312e
	A 1980 I	Rate		=	,			
	•					Day; Hours flowed		-
Sim	sing and Gen Feet	SAX				tc.):		
	T	1				MCF		lowed
8 5/8	451	225	Choke Size_	Method	of Testing:		<del></del>	
E 1/2	1495	1880	Acid or Frac	ture Treatment	(Give amounts of	f materials used, su	ch as acid, wa	iter, oil, and
5 1/2	4635	1550		300 gals le	ase erude.	15,000 lbs sar	d. 750 1b	*ADOUTE
2 3/8	4540		Casing Press. P	Tubing Press. 2	Date firs	t new o tanks <u>7-20-60</u>	)	
			Oil Transpor	ter <b>Vest</b>	ern Gil Tra	asportation Co	. Inc.	
	<u> </u>	<u> </u>	L	ter None				
emarks:		••••••••					•••••	
D4000-4	SLO.File	<b>)</b>	****************					
I herel	by certify t	hat the infe	ormation given	above is true	and complete to	the best of my kno	owledge.	
proved	••-	JUL 25	1960	, 19		Continental (		<b>y</b>
	7					Company or C	Operator)	
O	L CONSE	RVATION	COMMISSIO	ON	Ву:	(Signatu		
H		1. je 1. je. 1. 1.	11/1/1/1/1					4
: <b>[</b>	1.1.6	ursi ji			TitleSen	District Super d Communications		
tle	<i>f</i>	<u> </u>	gineer Distr	i <b>c</b> t	_		_	
		•			Name	Continental (	Al Compan	<b>y</b>
					Address	Rowley Bldg.	, Artesia,	N. M.