(Form C-104)
(Revised 7/1/52)

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico (Place) June 14, 1955 (Date)

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

Continental Oil Company (Company or Operator) Sanderson B-9 (Lease), Well No. 1-Q, in NE ¼ NE ¼,
A (Unit), Sec. 9, T. 20-S, R. 36-E, NMPM., Eunice Pool
Lea County. Date Spudded 12-6-54, Date Completed 5-15-55

Please indicate location:

			X

PAY

Elevation 3626'DF Total Depth 10,640', P.B. 4083'

Top oil/~~gas~~ pay 3950' Top of Prod. Form 3948'

Casing Perforations: 3950-3969'; 3982-4007'; 4016-4027'; 4038-4048' or

Depth to Casing shoe of Prod. String 4099'

Natural Prod. Test ____ BOPD

based on ____ bbls. Oil in ____ Hrs. ____ Mins.

Test after acid or ~~shot~~ 280 BOPD

Based on 70 bbls. Oil in 6 Hrs. — Mins.

Gas Well Potential ____

Size choke in inches open 2 3/2" tubing

Date first oil run to tanks or gas to Transmission system: 6-13-55

Transporter taking Oil or Gas: Gulf Pipe Line Company

Casing and Cementing Record

Size	Feet	Sax
13 3/8"	626	650
9 5/8"	3360	1664
7"	4099	125

Remarks: New well completion. Well designation changed from No. 1 to No. 1-Q as well was completed in Queen pay.

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

Approved ____, 19____

OIL CONSERVATION COMMISSION

By: ____

Title ____

Continental Oil Company (Company or Operator)

By: [signature] (Signature)

Title District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 427, Hobbs, New Mexico