				w <u> </u>	men En Na	Marias		1 1 1 1 1	(Form C-104) Revised 7/1/57	
			REQ	UEST FOR	( <b>OIL</b> ) -	(GAS) A	/ ALLOWAE		New Well Becompletion	
Form C- able will month o	104 is to be assig f completed	be subn med effe etion or	ibmitted by nitted in Q ctive 7:00 recomplet	the operator bef UADRUPLICA A.M. on date of	ore an initia TE to the sa completion tion date sh 5.025 psia a	l allowable wi me District O or recompleti all be that da t 60° Fahrenl	Il be assigned to ffice to which I ion, provided to te in the case of heit.	Form C-101/ya his form is filed f an oil well wh	d Oil or Gas well. s sent. The allow- deduring calendar nen new oil is deliv-	
						(Place)		<u> </u>	ec. 27, 1957 (Date)	
Contin	ental	011 6	mpany		<u>A-11</u>			, in	<b>'/4SE</b> '/4,	
			rator)		(Lease) R <b>36</b>	, NMPM., .	Eunon		Pool	
Unit	Letter									
				Elevation	Spudded	 	al Depth		)	
P	lease inc	dicate lo	cauon:	Top Oil/Gas Pav	3251	Nam	e of Prod. Form.	Emont		
D	C	В	A	PRODUCING INTER	<u>VAL</u> - 3454- 3386-	64, 3514-2 92, 3396-3	80, 3524-30, 3401, 3408-:	<b>, 3551-55,</b> 20, 3424-26	3568 <u>-74</u> w/2 shot: , 3430-38, 3443-	3. 50,
E	F	G	Ħ	Open Hole		Dep Cas	th ing Shoe	Depth Tubing	<b>6. 3332–35.</b>	
L	K	J	I	OIL WELL TEST -		bbls.gil.	bbls wa	ter in hr:	Choke s,min. Siże	
									equal to volume of	
M	N	0	Р	Choke load oil used):bbls,oil,bbls water inhrs,min. Size						
				GAS WELL TEST -	•					
			<u>.                                    </u>						ke Size Open Flow	
		and Gemer Feet		<b>d</b> Method of Testi						
517				T					rs flowed	
				Choke Size	Method	of Testing:				
						(G <del>ive</del> amounts a	of materials use	ed, such as acid	d, water, oil, and	
				sand): Casing Press.	Tubing	Date fir oil run	st new to tanks			
		†		Oil Transporter						
ļ				Gas Transporter	RI Paso	Natural C	as Company			
Remark	s:I			n:						
			•••••	•••••	••••••••••	•••••			<u>.</u>	
					• • •			w knowledge	•••••	
Ih	ereby co	ertify the	at the info	rmation given at	10	and complete Conti	nental Oil	Company		
Approve	ed		•••••		, 19		Compar	ny of Operator)	1	
	OIL	ONSER	VATION	COMMISSION		By:	<u>4.1. ////</u> (S	joyuu lignature)	an	
- Hisaker						Title Dist.	rict Chief	Clerk		
<b>В</b> у:						Se	nd Communica	tions regarding	g well to:	
Title	<u> </u>		•••••		•••••	NameCo	ntinental (	)il Company		
						AddressE	30x.427., hol	bbs, New Me	xico	