DISTRIBUTION						
SANTA FE						
FILE						
U.S.G.S.						
LAND OFFICE						
TRANSPORTER	011					
	GAS					
PRORATION OFFICE						
OPERATOR						

<u>}</u> W MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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

						(Place)	New Max		Augund	(Date)
Cont	inen	tal 011	Company	NG AN ALLO Britt						1/4NW
		pany or Ope Sec		т 20-5	• •	NMPM.	Morris	mat Tub	b	P
Unit	Lotte	r		County. Dat						
		indicate lo		Elevation	3568' DF	īota	al Depth	6621	PBTD	65861
D	C	B	A	•		Name 6-54', 6563				זי
I	ļ			Perforations	6503-061	, 6511-17'	6523-3	<u>, 11</u>		
E	F	G	H			Dept Casi	th Ing Shoe	6620'	Depth Tubing_	6417'
L	ĸ	J	I	OIL WELL TEST	-	bbls.oil,	bb]	ls water in	hrs,	Cho min. Siz
M	N	0	P	load oil used	d):bl	e Treatment (aft ols.oil,				Choke
		DOTAGE)	ť		- Test:	MCF/				
	•	Feet	SAX		-	back pressure, e e Treatment:				
8 5/	/8#	1233	360	Choke Size 2	3/64* Method	cf Testing:	lack pro	ssure t		
5 1/	/2#	6620	430	Acid or Frag sand):	ure Treatment	(Give amounts o	of material	.s used, su	ch as acid,	water, oil, ar
2 1/	'16"	6417		Casing Press	Tubing Press	Date firs oil run t	st new to tanks			
				Oil Transport	er Atlan	tie Pipe Id	ne Com	any		
				Gas Transport	er RP	so Natural	Ges Con		ball co	

18 bbls dist. in 24 hrs on 23/64* shoke. GDR 268,000. FTP 1913.2. COFP 22,000 MCFGPD. Perfs 6484-6531 W/3000 gal 15 Del at 600 psi - 12,000 MCPOPD. Del at 100 psi - 18,000 MCPOPD. SIP 2513.2 psia.

/ (Company or Operator)

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

Approved......, 19......

OH-CONSERVATION COMMISSION	By K Tanks (Signature)					
	Title District Superintendent					
	Send Communications regarding well to: Name Continental Oil Company					
C/3 HZOC -AM SH FILE	Box 68, E unice. New Hexice					