NET TEXICO OIL CONSERVATION COM SSION Santa Fe, New Mexico

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

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

				exico August 24, 19	757
	,	POMET	(Place)	(Date)	
E ARE F	iekeby k in e ntal	Oil Com	ig an allowable for a well known state A-36 well no	OWN AS:	.,
L	Sec	. 36	, T. 20S , R 37E , NMPM.,	Bumont	Pool
um Lea			/ no rn	# 10 #F	-
Dea			County Date Spudded 6=29=57	Date Drilling Completed 70-10-57	
Pleas	se indicate	location:	Elevation 3490 Total	Depth PBTD	
D	C B	A	Top Oil/Gas Pay 36 Name o	of Prod. Form. Queen	
E	F G	H	Perforations 3610-20,3630-40,3652-5 Open Hole Depth Casing	8,3668-82,3692-96,3712-18,372 Depth Tubing	29-3 2,
L	K J	I	OIL WELL TEST -	ſ	Thoke
x			Natural Prod. Test:bbls.oil,	bbls water inhrs,min. S	Size
	N O	P	Test After Acid or Fracture Treatment (after load oil used): 11 bbls.oil, 0	•	
			GAS WELL TEST -		
			Natural Prod. Test: MCF/Da	av: Hours flowed Choke Size	
ubing Cas	ing and Com	enting Reco			
Size	Feet	Sax	, , , , , , , , , , , , , , , , , , ,		
			Test After Acid or Fracture Treatment:		
8 5/8	344	250	Choke SizeMethod of Testing:		
5 1/2 3799 275		275	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and		
<i>y</i> =/=	3177		sand): 800 gals, acid w/20,000 g	als lease crude 1# sand & 1	Adom
			Casing Tubing Date first Press. 275 Press. 150 oil run to	new	
	ļ	 	Cil Transporter Sh		
•			Gas Transporter Co		
emarks:	••••••				
·····		•••••			
•••••••					• · · · · · · · ·
	-		mation given above is true and complete to	the best of my knowledge. inental Oil Company	
. •				(Company or Operator)	
OI	L CONSE	VAVITON	COMMISSION By:	(Signature)	
, .		1-	Title Dist	rict Chief Clerk	
• •••••••••	••••••••••••••••••••••••••••••••••••••	···/·····i	4	Communications regarding well to:	
` e		••••••••••	Name Conti	nental Oil Company	
			Address Box 4	27, Hobbs, New Yexico	