(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.

			•	Hobbs, New Me	exico	August 28, 1957	
			(Place)			(Date)	
E ARE H	IEREBY RI	EQUESTI	NG AN ALLOWABLE	FOR A WELL KN	OWN AS:		
continen	cal Oil	Company	SEMU-McKee	, Well No	60 , i	a SW	1/4 NW 1/4,
(Co	mpany or Ope	erator) 29	, T. 20: , R 38	esse) ENMPM.,	Warren M	cKe e	Pool
		····	County. Date Spudded 508057 Date Drilling Completed 708057 Elevation 3528 Total Depth 9400 PETD 9151				
Pleas	Please indicate location			Name o			
D	C B	A		Name C	or Prod. Form.	MCNEE	
			PRODUCING INTERVAL -	0005 0068 005		2004	
E	F G	H	Perforations 9125,	9095, 9067, 905	4, 9037, 900	18, 8986.	
x		1000	Open Hole	Depth Casing	Shoe	Tubing_	8956
			OIL WELL TEST -				
L	K J	I		bbls.oil,	bbls water	in brs.	Choke
				acture Treatment (after			
M	N O	P		5 bbls.oil, 0			
		1 1		DDIS, OII,	ppls water in _a	nrs,	min. Size
		<u> </u>	GAS WELL TEST -				
			Natural Prod. Test:	MCF/Da	ay; Hours flowed	Choke	Size
Tubing ,Cas	ing and Come	nting Recor	rd Method of Testing (pi	tot, back pressure, etc	.):		
Size	Feet	Sax	Test After Acid or Fr	acture Treatment:	М	CF/Day; Hours	flowed
10 3/4	263	250	Choke Size Method of Testing:				
5 1/9	5 1/2 9398		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and				
7 -/-	1776	250	1	w/14,000 gals.			
			Casing 600 Tubi	Date first	new 828-	-5 7	
			Casing 600 Tubing 200 Date first new oil run to tanks 8-28-57 Oil Transporter Shell Pipe Line Coro				
				Warren Pet。 C			
temarke:	-		Gas transporter				
CIMALES		************	***************************************				
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			ormation given above is	0	ental Oil Co	nontente:	
Approved		••••••••	, 19		(Company or		······································
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OI	L CONSER	CVATION	COMMISSION	Бу:	(Signal	ture)	
		1/2		Tin- Distric	ct Chief Cle	rk	
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itle	<i>/</i>	*************			tinental Oil		
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