

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.

Locob, New Mexico Sept. 16, 1957

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

Continental Oil Company (Company or Operator) Reyer B-31 (Lease) Well No. 4, in SW 1/4 NW 1/4, Sec. 31, T. 20, R. 38, NMPM., Eumont Pool

Lea County. Date Spudded 4-9-57 Date Drilling Completed 4-21-57
Elevation 3504 Total Depth 3850 PBTB
Top Oil/Gas Pay 3690 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3690-00, 3714-44, 3765-72, 3768-94, 3803-08, 3828-36, Depth

Open Hole Casing Shoe 3849 Tubing 3849

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 12 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Open

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing 20,000 lbs. acid, 1# sand & 1# admite per gal.

Press. Press. oil run to tanks 9-14-57

Oil Transporter Shell Pipe Line Corp.

Gas Transporter

Remarks ILLEGIBLE

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

Approved, 19 Continental Oil Company (Company or Operator)

By: (Signature) (Signature)

Title: Dist. Chief Clerk Send Communications regarding well to:

Name: Continental Oil Company

Address: Box 427, Hobbs, New Mexico