

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

Eunice, New Mexico 7-5-57
(Place) (Date)

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

Continental Oil Co. Lockhart B-11, Well No. 14-TB, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

G 11, Sec. 11, T. 21, R. 37, NMPM, Terry Blinebry Pool

Unit Letter

Lea

County. Date Spudded. 5-25-57, Date Completed. 7-4-57

Please indicate location:

D	C	B	A
E	F	G	H
		X	
L	K	J	I
M	N	O	P

Elevation. 3457 Total Depth. 5925, ~~P&G~~ DOD 5910

Top oil/gas pay. 5724 Name of Prod. Form. Blinebry

Casing Perforations: 5724-40', 5758-5824', 5832-92' or

Depth to Casing shoe of Prod. String.

Natural Prod. Test. BOPD

based on. bbls. Oil in. Hrs. Mins.

Test after acid or shot. 189 BOPD

Based on. 55 bbls. Oil in. 7 Hrs. Mins.

Gas Well Potential.

Size choke in inches. 16/64

Date first oil run to tanks or ~~gas to transmission system~~: 7-4-57

Transporter taking Oil or Gas. Texas-New Mexico

Remarks: LC 032096 b

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)

OIL CONSERVATION COMMISSION

By: *[Signature]*

(Signature)

By: *[Signature]*

Title. District Superintendent

Send Communications regarding well to:

Title.

Name. J. R. Parker

Address. Box 68, Eunice, New Mexico