(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.

C	mpany or Ope 	12	T 21-S , R 37-E , NMPM., Wantz Abo Po	
URR D	Lea		Workover Started 1-23-61 Workover Completed 1-26-6	
Please indicate location:		ocation:	Top Oil/Gas Pay 6085' Name of Frod. Form. Abo	
D :	C B	A	PRODUCING INTERVAL - 7215-351 7285-951 7320-301	
E	F G	Н	Perforations 6985-95' 7070-90' 7105-30' 7177-85' Depth Casing Shoe 8563' Tubing 7290'	
L	К Ј	I	OIL WELL TEST - Choke Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume o	
M	N O	P	load oil used): 88 bbls.oil, 35 bbls water in 5 hrs,min. Size 4	
ibing ,Cas	sing and Come	enting Recor	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	
3 3/8	253	225	Choke Size Method of Testing:	
5/8	3149	1110	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acidized W/15,000 gal. 15% NEXRI.	
	8563	1045	Casing Tubing Date first new Press. 500 oil run to tanks January 26, 1961	
2 1/2	7290		Cil Transporter Texas-New Mexico Pipe Line Co. Midland, Te	
as pl	ugged b	ack to	formerly known as Lockhart B-12 No. 3-S, Hare Poel, a Wantz Abo Pool and recompleted as Lockhart B-12 No. 3	
			ormation given above is true and complete to the best of my knowledge. Continental Oil Company (Company or Operator)	
-			(Company or Operator) N COMMISSION By: (Signature)	
MA.	s All	neffa	Title District Superintendent Send Communications regarding well to:	
			Name	
tle/	<i>f</i> ,	<i>,</i> ,	Name . R. Fairei	