## REQUEST FOR (OIL) - (DIL) ALLOWABLE

New Well

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				Eunice, Ne	K.P.M.	Apri	April 28, 1960 (Date)		
		~			R A WELL KN <b>312</b> ., Well No			NE	/4NW
( Cor	npany or Op Sec	erator)		(Lease)					
			County, Date	Spudded	4-16-60	Date	Drilling Co	mpleted 4	-24-60
Pleas	e indicate l		Elevation_	34351	KBTotal	Depth_	37751	рвтр	<del></del>
		<del></del>	Top Oil	y	Name Name	of Prod.	FormQ	ueen	<del> </del>
- L	C B	A	PRODUCING INT	ERVAL -					
			Perforations	3640-48	3662-70. Depth	3696-	3702.3	706-12	3724-32
E	F G	. Н	Open Hole		Depth Casin	g Shoe	37751	Depth Tubing	35691
			OIL WELL TEST						
L	C J	I			bbls.oil,	bb	ls water in	hrs.	Choke min. Size
					re Treatment (afte				
M	1 0	P			bbls,oil, _0				
							, see <b></b> _		
	l		GAS WELL TEST						
					MCF/D				Size
abing Casing and Cementing Recor			•	back pressure, et					
	r		1		re Treatment:				
7 5/8	327	200	Choke Size	Metho	d of Testing:				
		700	Acid or Fractu	ure Treatmen	t (Give amounts of	materia:	is used, suc	h as acid,	water, oil, and
4 1/2	3784		sand): <b>S</b>	e Below	<i></i>				
2#	3562		Casing Press. 57	Tubing Press	Date first oil run to	new tanks	April	27. 19	060
	3,000	<del> </del>			New Mexico				
		<u> </u>	Gas Transport						
emarks:	TRTD	W/2000	gals acid	i, frac	d W/12,000	gals	crude	24,.00	0.1bs.Sd,
					ealers.				
I herel	v certify t	hat the info	ormation given	above is tru	e and complete to	the best	of my kno	wledge.	
		1	50		Contin	ental	OLL C	ombana	
pproved				//		/ (C	ompany or O	perator)	
OI	L CONSE	RVATIØN	COMMISSIO	N /	Ву:	fort	elru	an	<u></u>
/.	1/1	U/-	er Mari		fw.		(Signatur		_
j:		LUZ	JULLY	<b>//</b>	Title Distr	1Ct S	uperin unications	cendent regarding v	vell to:
itle			/					0 0	
***************************************					Name	R. Pa	II.VAI.		
A/2 127	Man w		1 _		Address BOX	68. 1	unice.	New Ma	nxico