(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.

			Eunice, New Mexico April 1, 1960 (Place) (Date)
WE ARE	HEREBY	REQUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:
Con		Oil Conq	any wilder , Well No. 19 , in SE 1/4 Sta 1/4,
Unit 1	Se Letter	26. <u></u>	T. 26-S., R.32-E., NMPM., El Mar Delaware Pool
Lea	*******		County. Date Spudded. 3-17-60 Date Drilling Completed 3-27-60
Please indicate location:			Elevation 3109 KB Total Depth 4641 PBTD
D	C B	A	Top Oil/gas Pay 1.1.95 Name of Prod. Form. Delaware Sand
		-	PRODUCING INTERVAL -
E	F G	H	Perforations 4495-4509 W/4 JSPF  Open Hole Depth Depth Depth
	•	"	Open Hole Depth Casing Shoe 4641 Tubing
L	K J	I	OIL WELL TEST -
-	A		Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	Choke 16/64.
	X		GAS WELL TEST -
·	<del></del>		Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubing ,Ca	sing and Cer	menting Reco	Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
			Choke Size Method of Testing:
7-5/8	328	175	
4-1/2	4763	800	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 3000 gals crude, 4500 lbs sd., 150 lbs Adomite after acidizin
- 3	4488	<u> </u>	Casing Tubing Date first new W/750 gals. acid. Press. O Press. 500 oil run to tanks 3-31-60
			Oil Transporter Cactus Petroleum, Inc.
<b></b>		<del></del>	Gas Transporter None
Remarks:			
••••••••••	LC 069	37.7	
T 1 .			
			rmation given above is true and complete to the best of my knowledge.
Approved	***************************************		, 19 Continental Oil Company (Company or Operator)
OI	II. CONSE	NATEON	COMMISSION By: Mila believe
	- CONSE	NAME OF THE PARTY	(Signature)
Ву:			Title District Superintendent
Title			Send Communications regarding well to:
1 1HC	······	.,,,,,	Name J. R. Parker
0/3 NMG	CC WAM	File	Address Eox 68, Funice, New Mexico