

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(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.

Hobbs, New Mexico March 29, 1962  
(Place) (Date)

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

Continental Oil Co. Anderson Ranch Unit, Well No. 15, in NE 1/4 SW 1/4,  
(Company or Operator) (Lease)

S Unit Letter, Sec. 2, T. 16S, R. 32E, NMPM., ARU Wolfcamp Pool

W.O. started 3-19-62 Date Well Completed 3-25-62  
County Date Spudded 3-19-62

Elevation 4307 Total Depth 13,500 PBTD 13,200

Top Oil/Gas Pay 9674 Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 9682-97, 9714-22, 9735-70, 9789-9806, 9850-62

Open Hole Depth 13,498 Casing Shoe 13,498 Tubing 9641

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

load oil used): 195 bbls. oil, 70 bbls water in 23 hrs, min. Size 18/64

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): 5,000 15% ISTNE

Casing Tubing Date first new

Press. Pkr Press. 400 oil run to tanks 3-26-62

Oil Transporter Gulf Pipe Line & Continental Pipe Line

Gas Transporter Valley Gas Corporation

Remarks:

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: J. C. Suen

(Signature)

Title Asst. District Superintendent

Send Communications regarding well to:

Name Continental Oil Company

Address Box 427, Hobbs, N. M.

By: Title

NMOCC (4) SLO PARTNERS (16) WAM File