

MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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.

Hobbs, New Mexico

December 30, 1954

(Place)

(Date)

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

Continental Oil Company **Anderson Ranch Unit**, Well No. **17-W**, in **NW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

A, Sec. **2**, T. **16S**, R. **32E**, NMPM., **Anderson Ranch-Wolfcamp** Pool

(Unit)

Lea

County. Date Spudded **10-15-54**, Date Completed **12-19-54**

Please indicate location:

"R"

Casing and Cementing Record

Size Feet Sax

13 3/8	627	500
8 5/8	4196	1135
5 1/2	9966	258

Elevation **4278** Total Depth **9967**, P.B. **9965**

Top oil/gas pay **9680** Top of Prod. Form **9680-9692; 9701-9711; 9718-9758;**

Casing Perforations: **9768-9785; 9796-9810** or

Depth to Casing shoe of Prod. String **9966**

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot **1,560** BOPD

Based on **390** bbls. Oil in **6** Hrs. Mins.

Gas Well Potential

Size choke in inches **32/64**

Date first oil run to tanks or gas to transmission system **12-25-54**

Transporter taking Oil or Gas: **Gulf Pipe Line Co. & Continental Pipe Line Co.**

Remarks: **Well completed in Wolfcamp pay and designation being changed from #17 to #17-W.**

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: _____

(Signature)

Title: _____

District Superintendent

Send Communications regarding well to:

Name: **Continental Oil Company**

Address: **Box 427, Hobbs, N.M.**

OIL CONSERVATION COMMISSION

By: **L. A. Hanson**

Title _____