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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~WELL~~ (GAS) ALLOWABLE C.C.

New Well
Recompletion

JAN 3 1964

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form 104 is to be submitted in QUADRUPPLICATE 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

12-29-63

(Place)

(Date)

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

Continental Oil Company

Farney A-5

Well No. **2**, in **NE** **SE** $\frac{1}{4}$

(Company or Operator)

(Lease)

I, Sec. **5**, T. **23-S**, R. **36-E**, NMPM., **Jalmat** Pool

Unit Letter

Lea

County. Date Spudded

Date Drilling Completed

Elevation **3488'** **DF**

Total Depth **3796'** **PBTD**

Top Oil/Gas Pay **3300**

Name of Prod. Form. **Yates-Seven Rivers**

PRODUCING INTERVAL -

Perforations **3327-48, 3364-3408, 3438-64'**

Open Hole **-** Depth **3647'** Depth **3450'**
Casing Shoe Tubing

OIL WELL TEST -

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 of Choke load oil used): **-** bbls. oil, **-** bbls. water in **-** hrs, **-** min. Size **-**

GAS WELL TEST -

Natural Prod. Test: **434** MCF/Day; Hours flowed **24** Choke Size **20/64"**

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): **-**

Casing Press. **-** Tubing Press. **-** Date first new oil run to tanks **-**

Oil Transporter **-**

Gas Transporter **Phillips Petroleum Company, Odessa, Texas**

Remarks: **-**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: **Continental Oil Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **-** (Signature)

Asst. District Manager

Title **-** Send Communications regarding well to:

Name **Continental Oil Company**

Box 460 Hobbs, N.M.

NMOC 5. ABS PAN AM HBS -3