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

JN

REQUEST FOR (OIL) - WEARS) 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: ontinental Oil Company Farney A=17 well No. 1 in Sec. 14. NW /4 (Company or Operator) For Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 17. T. 23S R. 36E NMPM. Jalmat Pool (Leaser Sec. 18. Sec. 17. Total Open Jalmat Pool (Leaser Sec. 18. Sec. 1					Eunice, New Mexico 11-15-57
Ontinental Oil Company Farney A=17 Well No. 1 in Sw. 14 NW 14 (Company or Operator) F Sec. 17. T 23S R 36E NMPM. Jalmat Pool Sec. 17. T 23S R 36E NMPM. Jalmat Pool Lea County. Date Spudded. 10-18-57. Date Drilling Completed 10-28-57 Please indicate location: D C E A PRODUCING INTERVAL- PEFORATION 3672-86* Open Hole Casing Shoe 3695* Tuking 3669* Oll Will ISST- Natural Prod. Test: Delts, oil, Delts water in hrs. min. Size Oll Will ISST- Natural Prod. Test: Delts, oil, No bils water in 24 hrs. min. Size 20 Gas Acil ISST- Mang Casing and Committing Record Six Feet Sax Test After Acid or Fracture Treatment (after recovery of values of oil equal to values of load oil used); 104 bbls.oil, No bils water in 24 hrs. min. Size 20 Gas Acid ISST- Test After Acid or Fracture Treatment (after recovery of values of oil equal to values of Sixe Prod.) Mang Casing and Committing Record Six Feet Sax Test After Acid or Fracture Treatment: MCF/Day: Hours flowed Choke Size Method of Testing: Machod 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: MCF/Day: Hours flowed Casing Scaling Scaling Scaling Scaling Scaling Acid or Fracture Treatment: MCF/Day: Hours flowed Casing Scaling Scal					(Place) (Date)
Company or Operator F	E ARE I	IEREBY P	REQUESTI	NG AN ALLOWABLE FO	OR A WELL KNOWN AS:
F Sec 17. T 23S R 36E NMPM. Jalmat Poo Lea County. Date Spudded 10-18-57. Date Detiling Completed 10-28-57. Please indicate location: D C B A PRODUCING INTERNAL E F G H Perforations 3672-86! Open Hole Casing Shoe 3695! Tuting 3669! Open Hole Casing Shoe 3695! Tuting 3669! I Natural Frad. Test: bbls.oil, bbls water in hrs, min. Size Casing Shoe 3695! Tuting 3669! M N O P Sak Well Test: bbls.oil, No chis water in hrs, min. Size Casing Choke Size Sak Well Test: bbls.oil, No chis water in 24 hrs, — min. Size Doad oil used); 104 bbls.oil, No chis water in 24 hrs, — min. Size 20 Sak Well Test: Sak Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Size Sak Well Test: No chis water in 24 hrs, — min. Size 20 Sak Well Test: No	ı Ca	MOANY OF CO	Departor)	(Lease	
Please indicate location: D C B A Proposition 3478' DF Total Depth 3695' PRD Co B A Proposition MISBOUL E F G H Copen Hole Casing Shoe 3695' Tubing 3669' Open Hole Casing Shoe 369' Tubing 3669' Open Hole Casing Shoe 369' Tubing 3669	F	Sec	17	, T. 23S , R. 361	E , NMPM., Jalmat Pool
Please indicate location: D C B A PRODUCING (MTERVAL - Perforations 3672* Name of Frod. Form. **Xattes* / Xattes*	V	Lea		County. Date Spudded	10-18-57 Date Drilling Completed 10-28-57
Top Oil/Gas Pay 35/2* Name of Frod. Form. 1008 PRODUCING INTERVAL Perforations 3672-86* Open Hole	Plea			Elevation 3478 DF	Total Depth 1040 PBTD
E F G H Open Hole Casing Shoe 3695 Tubing 3669* Only 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				Top Oil/Gas Pay 3672	Name of Prod. Form. Yates 7/
Open Hole	^D	G E	A		
Open Hole Oli Well TEST Natural Prod. Test: District Superint end of Testing: District Superint endent Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke of Cho	<u>. </u>	P C		Perforations 3672-86	Depth Depth
Natural Prod. Test:	<u> </u>		^	Open Hole	Casing Shoe 3695 Tubing 3669
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 load oil used); 104 bbls.oil, No bbls water in 24 hrs, min. Size 20 GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke Size Ming Casing and Comenting Record Sire Feet Sax 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): See remarks. Casing Tubing Oil run to tanks 11-9-57 Oil Transporter Cactus Petroleum, Inc. Gas Transporter No market - vented Cas Information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. OIL CONSERVATION COMMISSION By: Company or Operator) Title District Superintendent Send Communications regarding well to:				OIL WELL TEST -	Chaka
No P	L	K J	I	Natural Prod. Test:	bbls.oil, bbls water in hrs, min. Size
Matural Prod. Test:MCF/Day; Hours flowedChoke Size				Test After Acid or Fract	ure Treatment (after recovery of volume of oil equal to volume of
Matural Prod. Test:MCF/Day; Hours flowedChoke Size	M	N O	P	load oil used): 104	bbls.oil, No bbls water in 24 hrs, min. Size 20/
Natural Prod. Test:					_
Method of Testing (pitot, back pressure, etc.): Size Feet Sax	 -				MCF/Dav: Hours flowed Choke Size
Sire Feet Sax 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): See remarks. Casing 375 Tubing Press. 175 oil run to tanks 11-9-57 Oil Transporter Cactus Petroleum, Inc. Gas Transporter No market - vented. Casing Adomite per gal. Casing 175 LSTNE acid, sandfraced w/8,000 gals crude Thereby certify that the information given above is true and complete to the best of my knowledge. Company or Operator) OIL CONSERVATION COMMISSION By: Company or Operator Title District Superintendent Send Communications regarding well to:	Co	-4ma and Can	menting Reco		
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See remarks. Casing 375 Tubing Press. 175 Date first new oil run to tanks 11-9-57 Oil Transporter Cactus Petroleum, Inc. Gas Transporter No market - vented. Gas Transporter No market - vented. Casing 375 LITINE acid, sandfraced w/8,000 gals crude (1# sand and 0.1# Adomite per gal. CO30557 a. I hereby certify that the information given above is true and complete to the best of my knowledge. Continental Oil Company (Company or Operator) OIL CONSERVATION COMMISSION By:	•				
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See remarks.		Τ		7	
sand): See remarks. See remarks.	5/8	381	300		
Sand See Femarks Date first new See Feess 175 Oil run to tanks 11-9-57	5 1/2	3605	1312	Acid or Fracture Treatmen	nt (Give amounts of materials used, such as acid, water, oil, and
oil Transporter Cactus Petroleum, Inc. Gas Transporter No market - vented. Marks: Treated w/500 gals 15% LITNE acid, sandfraced w/8,000 gals crude 1# sand and 0.1# Adomite per gal. C 030557 a I hereby certify that the information given above is true and complete to the best of my knowledge. C Continental Oil Company or Operator) OIL CONSERVATION COMMISSION By: Signature Title District Superintendent Send Communications regarding well to:	1/2	1097	1712	sand): See remar	ks.
oil Transporter Cactus Petroleum, Inc. Gas Transporter No market - vented. Marks: Treated w/500 gals 15% LITNE acid, sandfraced w/8,000 gals crude 1# sand and 0.1# Adomite per gal. C 030557 a I hereby certify that the information given above is true and complete to the best of my knowledge. C Continental Oil Company or Operator) OIL CONSERVATION COMMISSION By: Signature Title District Superintendent Send Communications regarding well to:			Ì	Casing Tubing Press.	175 oil run to tanks 11-9-57
Treated w/500 gals 15% LSTNE acid, sandfraced w/8,000 gals crude /# sand and 0.1# Adomite per gal. District Superintendent Send Communications regarding well to:		 			
Treated w/500 gals 15% LSTNE acid, sandfraced w/8,000 gals crude /# sand and 0.1# Adomite per gal. District Superintendent Send Communications regarding well to:				Gas Transporter No m	arket - vented.
I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. Continental Oil Company (Company or Operator) By: Signature) Title District Superintendent Send Communications regarding well to:	marks:	Treate	d w/500	gals 15% LSTNE	acid, sandfraced w/8,000 gals crude
I hereby certify that the information given above is true and complete to the best of my knowledge. Continental Oil Company	/1# s	and and	0.1# A	domite per gal.	
I hereby certify that the information given above is true and complete to the best of my knowledge. proved					
OIL CONSERVATION COMMISSION By:	T here	hu contifu (hat the inf	ormation given above is tri	ue and complete to the best of my knowledge.
OIL CONSERVATION COMMISSION By: Signature (Signature) Title District Superintendent Send Communications regarding well to:	proved			, 19	Continental Oll Company
(Signature) Title District Superintendent Send Communications regarding well to:					
Title District Superintendent Send Communications regarding well to: Name J. R. Farker					(Signature)
Send Communications regarding well to: Name J. R. Farker		- 	7		Title District Superintendent
le	:	<i>"</i>		***************************************	Send Communications regarding well to:
	ile	,2 		••••••••••••	Name J. R. Farker
Dor 68 Funice New Merico					Address Box 68, Eunice, New Mexico