

REQUEST FOR (OIL) - ~~ICAS~~ 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 11-15-57
(Place) (Date)

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

Continental Oil Company Farney A-17, Well No. 1, in S 1/4 NW 1/4,
(Company or Operator) (Lease)
F, Sec. 17, T. 23S, R. 36E, NMPM, Jalmat Pool
Unit Letter

Lea County. Date Spudded 10-18-57 Date Drilling Completed 10-28-57
Elevation 3478' DF Total Depth 3695' PBTD
Please indicate location:

D	C	E	A
E	F X	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 3672' Name of Prod. Form. Yates 7R
PRODUCING INTERVAL -

Perforations 3672-86'
Open Hole Depth 3695' Casing Shoe Depth 3669' 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 load oil used): 104 bbls. oil, No bbls water in 24 hrs, - min. Size 20/64" Choke

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	381	300
5 1/2	3695	1312

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): See remarks.

Casing Tubing Date first new Press. 375 Press. 175 oil run to tanks 11-9-57

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter No market - vented.

Remarks: Treated w/500 gals 15% LSTNE acid, sandfraced w/8,000 gals crude w/1# sand and 0.1# Adomite per gal.
LC 030557 a

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)

OIL CONSERVATION COMMISSION

By _____
(Signature)

By _____ Title District Superintendent
Send Communications regarding well to:

Title _____ Name J. R. Parker

Address Box 68, Eunice, New Mexico