## 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.

					Paraletten, Nev	Mexico	4-300L)
VE AR	E HER	EBY RE	QUESTIN	G AN ALLOWABLE FO	R A WELL KNOWN AS	<b>S</b> :	
Plani	MAT Pr	educti.	or fore.	Phillips	, Well No2	, in	1/4 1/4
Umf	Letter	, 500	22	28% 113	, NMPM.,		
S	en Jan	<b></b>		County. Date Spudded	``` <b>`````</b> ````````````````````````````	rilling Completed	Controla
P	Please inc	dicate lo	cation:		Total Depth		°6219
D	C	В	A		Name of Prod. F	Pare.	
	,			PRODUCING INTERVAL -			
E	F	G	H	Perforations 6031-4	4, <del>6057-78<sub>-01</sub>6110-57</del>	<del>, 6183-6203<sub>ott</sub></del>	
تد	•		"	Open Hole Home	Casing Shoe	Tubir	<sup>19</sup> —— <b>6141</b> ——
		<u> </u>	<u> </u>	OIL WELL TEST -			
L	K	J	I	Natural Prod. Test:	bbls.oil,bbls	water inhr	Chokers,min. Size
					re Treatment (after recovery		
M	N	0	P		obls.oil,bbls wat		Choke
			x	GAS WELL TEST -			<del></del>
			1		(-		
					MCF/Day; Hours	flowedCho	oke Size
tubing , Sire	•	and Gemen Feet	ting Record		back pressure, etc.):		
	· 				re Treatment:		•
9.6/	/a	297	135	Choke Size Metho	d of Testing:	at back prese	H. C
<del>~</del> 7		23,		Acid or Fracture Treatment	: (Give amounts of materials	used, such as aci	d, water, oil, and
54		6234	375	sand):	205-000		
	_			Casing Probing Press.	oil run to tanks	1 150 00118	
2-3/	<del>/B</del>	6141					
				Oil Transporter	cided Corporation		1
emark.	s:				Pase Hateral Cas Co	<del>},</del>	CCCI
CIII <b>ai L</b>	3						<b>?[[,[</b> ],**:
		••••••					
T h	ereby ce	ertify tha	t the infor		e and complete to the best of	of my knowledge.	APR 1 0 1961
	:d			APR 1 0 1941 , 19 61.		\ \U	L CON LON
pprove		Ap.	r11 5,		Ploneer Fredu	_	- DISS 1
	OIL C	ONSER	VATION (	COMMISSION	By: Original signs	ed by T. A. Du	gen
						(Signature)	
y: <u>O</u>	riginal	Signe	d Emer	C. Arnold	TitleEngineer	nications regarding	r well to:
Title Supervisor Dist. # 3					Send Commun	neations regarding	wen w.
icie		1966 #	<del></del>	***************************************	NamePlencer P	roduction Cor	7.
					Address Bez 2542	Amerillo. To	
					• *** *** ****************************		•

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