## NEW TEXICO OIL CONSERVATION COMPTISION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE NUMBER OF FICE OCC

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.

ed mio	uic seas		<b>V</b> 2 1112	HORBS NEW HELICO November 26 1957
T AOF	UCDER	V REC	DUESTIN	IG AN ALLOWABLE FOR A WELL KNOWN AS:
E ARE	neked Munit	CENS.	TMC	PHILIPS STATE Well No. 2 in W. 1/4.
((	Company C	or Oper	tor)	(Lease)
Umit 1	Letter	Sec	<b>8</b>	(Lease) , T168, R
	<u></u>			County Date Smidded New Q. 1987 Pare Printing Commissed November 1757
	ase indic			Elevation
D	C	В	A	PRODUCING INTERVAL -
E	F	G	H	Perforations 3930 3950 Depth Depth Casing Shoe 3956 (CI) Tubing 37001
L	K	J	I	OIL WELL TEST - Choke  Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size0
	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
М	, I	U		load oil used):bbls,oil,bbls water in6 hrs,min. Size
				Natural Prod. Test: MCF/Day; Hours flowedChoke Size
tubing ,	Casing an	d Cemer	ting Recor	Method of Testing (pitot, back pressure, etc.):
Size	F	ret	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/8	2_5/8 290		175	Choke SizeMethod of Testing:
5-1/2		55	100	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 24,000 ggl lease and 27,500% cand, 500 ggl lease Date first new
2-3/8	37	00		Casing Tubing Date first new Press. Press. 50 oil run to tanks 11/26/57
				Cil Transporter PERKIAN CIL CONFANT
				Gas Transporter
Remarks	:			
·•··•	<del>-</del>	••••••		
				ormation given above is true and complete to the best of my knowledge.
Approve	:a		***************************************	J. DON HEDGERS (Company or Operator)
	OIL CO	ONSE	NATION	OMMISSION  By:  J. Don Hadgens Signature)
Ву:	, , , , , , , , , , , , , , , , , , ,		1	Title President Send Communications regarding well to:
Title		••••••	.,	Name.JBON HUDGENS; INC.
				AddressBex. 1898, Hobbe, New Hexico