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OPERATOR

NEW MEAGO OIL CONSERVATION COMMISSION Santa Fe, New Mexic

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

REQUEST FOR (OIL) -////AXA// ALLOWAPLE

New Well

This form for all 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.

				Hobbs, New Mexic (Place)	Decemb	er 5, 1960 (Date)
E ARE HE	REBY RE	QUESTIN	NG AN ALLOWABLE FO	R A WELL KNOWN	AS:	
Phillips	Petrole	um Compa	any EILLIAMS	Well No2	in SW	1/4 NE 1/4,
(Comp	any or Oper	ator)	(Lease)			
Unit Letter		2.2	T. 17S R. 33E	, NMPM.,QX	Din App	Pool
*	Lea		County. Date Spudded	10-14-60 Date	Drilling Completed	11-25-60
Dlease	indicate lo		Elevation 4088 Gr			•
FICASC	indicate io	auon.	Top Oil/Gas Pay 8585	Name of Prod.	Form. Abo Reef	
D C	В	A	PRODUCING INTERVAL -			
				LO_0776		
E F	G	H	Perforations 866	Depth	Depth	
	X		Open Hole	Casing Shoe	Tubing	87801
			OIL WELL TEST -			
L K	J	2	Natural Prod. Test: 29	bbls.oil, 0 bb	els water in 24 hrs.	Choke O min. Size
			Test After Acid or Fracture	•		
M N	0	P				Choke
			load oil used):b	bls,oil,bbls w	ater inhrs,	min. Size
			GAS WELL TEST -			
			Natural Prod. Test:	MCF/Day; Hour	s flowed Choke	Size
ibing Casin	g and Cemen	ting Record				:
Size	Feet	Sax	3 ,			
			Test After Acid or Fractur			
13-3/8	330	350	Choke SizeMethod	of Testing:		<u></u>
4 - 14		***	Acid or Fracture Treatment	(Give amounts of materia	ls used, such as acid,	water, oil, and
8-5/8	4586	722	sand): None		22	
5-1/2	8827	384	Salidy.	Date first new	December 4 19	6 0
			Press. Press.			
1	ļ		Oil Transporter The	Permian Corporati		
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			Gas Transporter	lips Petroleum Co	mpany	
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I hereby			rmation given above is true	and complete to the bes Phillips Pet By: C By: District Ch Send Comm	t of my knowledge. roleum Company ompany or Operator) (Signature) ilef Clerk	well to: