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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-101)
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.

Hobbs, New Mexico
(Place)

March 27, 1961
(Date)

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

Phillips Petroleum Company
(Company or Operator)

ELLIAMS
(Lease)

Well No. 4

in SE $\frac{1}{4}$ NW $\frac{1}{4}$,

Undesignated

Pool

F Unit Letter, Sec. 33, T. 17-S, R. 33-E, NMPM.,

Lea

County. Date Spudded 1-13-61

Date Drilling Completed 3-15/61

Elevation 4090' (DF) Total Depth 8822' PBTD 8805'

Top Oil/Gas Pay 8570' Name of Prod. Form. Abo Reef

PRODUCING INTERVAL -

Perforations 8705-8734'

Open Hole _____ Depth Casing Shoe _____ Depth Tubing 8700'

OIL WELL TEST -

Natural Prod. Test: 38 bbls. oil, 0 bbls water in 6 hrs, 0 min. Choke Size 2 1/2"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 273 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 1 1/2"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

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):

(1) 500 gal. 15% reg. acid. (2) 4000 gal. 15% reg. acid

Casing Tubing Date first new March 22, 1961
Press. 3600 oil run to tanks

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

Phillips Petroleum Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: [Signature]
(Signature)

Title _____

Title District Chief Clerk
Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2105, Hobbs, New Mexico