

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 QUADRUPPLICATE 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 December 23, 1958
(Place) (Date)

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

Phillips Petroleum Company New Mex "B", Well No. 1, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
H, Sec. 22, T. 17-S, R. 33-E, NMPM., Undesignated (Wildcat) Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 8-30-58 Date Drilling Completed 11-12-58
Elevation 4163 (DP) Total Depth 12,300' PBD 11,183'

Top Oil/~~Gas~~ Pay 9775' Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 10656-10664', 10672-10678' and 10694-10710'

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 7529'

OIL WELL TEST -

Natural Prod. Test: 86 bbls. oil, 38 bbls water in 24 hrs, 0 min. Choke P

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 65 bbls. oil, 50 bbls water in 14 hrs, 0 min. Choke _____

GAS WELL TEST - Gravity 37.5

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): 5500 gallons 15% regular acid in two stages

Casing _____ Tubing _____ Date first new _____
Press. 1000# Press. _____ oil run to tanks 12-16-58

Oil Transporter Permian Oil Company - Trucks

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8"</u>	<u>443</u>	<u>450</u>
<u>8-5/8"</u>	<u>4659</u>	<u>822</u>
<u>5-1/2"</u>	<u>11382</u>	<u>450</u>

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: [Signature]
(Signature)

Title District Chief Clerk

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2105, Hobbs, New Mexico

By: [Signature]

Title _____