

REQUEST FOR (OIL) - 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

August 13, 1957

(Place)

(Date)

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

Phillips Petroleum Company Cruces, Well No. 3, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N Sec. 26, T. 20-S, R. 34-E, NMPM, Lynch Pool
Unit Letter

Lea County. Date Spudded 7-18-57 Date Drilling Completed 7-31-57

Please indicate location:

Elevation 3736 NKB Total Depth 3730 PBDT **

Top Oil/ Gas Pay 3692 Name of Prod. Form. Seven Rivers (Lynch)

PRODUCING INTERVAL -

Perforations

Open Hole 3693-3730 Depth 3693 Depth 3729
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: 48 bbls. oil, 0 bbls water in 24 hrs, - min. Size Pump Choke

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

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8"	175	125
5 1/2"	3693	465

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testings: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): No treatment

Casing Tubing Date first new
Press. _____ Press. _____ oil run to tanks 8-11-57

Oil Transporter Texas-New Mexico P. L. Co.

Gas Transporter Gas TSTM

Remarks: _____

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

Approved AUG 14 1957, 19.....

Phillips Petroleum Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. G. Josten M. G. Josten
(Signature)

By: _____

Title District Chief Clerk

Title _____

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2105, Hobbs, New Mexico