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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
REQUEST FOR (OIL) - ~~WELL~~ ALLOWABLE

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

New Well
~~EXISTING WELL~~

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
(Please)

April 11, 1961
(Date)

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

Phillips Petroleum Co. & Texas-Pacific Ranger, Well No. **13**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) **Coal & Oil Co.** (Lease)
B Unit, Sec. **23**, T. **12-S**, R. **34-E**, NMPM., **Ranger Lake (Pennsylvanian)** Pool

Lee

County. Date Spudded **2-15-61**

Date Drilling Completed **4-3-61**

Please indicate location:

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

Elevation **4152 (Gr.)** Total Depth **10370'** FBTD **10369'**

Top Oil/Gas Pay **10256'** Name of Prod. Form. **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **10272-10361'**

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing **10360'**

OIL WELL TEST -

Natural Prod. Test: **None prior to acid treatment** Choke _____
_____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): **395** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke **1/2"** Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	2024	705
5-1/2"	10370	1700

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):
Acidized with 1000 gallons regular 15% acid.

Casing _____ Tubing **3000** Date first new **April 9, 1961**
Press. _____ oil run to tanks

Oil Transporter **Service Pipeline Company**

Gas Transporter **Warren Petroleum Corp.**

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)

Title **District Chief Clerk**

Send Communications regarding well to:

Name **Phillips Petroleum Company**

Box 2105, Hobbs, New Mexico