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# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

Revised 7/1/57

## REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

JUN 12 1964

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

June 12, 1964

(Place)

(Date)

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

Phillips Petroleum Company

M. E. Hale

Well No. 9

in NW 1/4

SE 1/4

(Company or Operator)

(Lease)

J

Unit Letter

Sec. 35

T. 17S

R. 34E

NMPM

Undesignated

Pool

Lea

County. Date Spudded 3-16-64

Date Drilling Completed 4-27-64

Please indicate location:

Elevation 4013' GL

Total Depth 10500'

PBTD 10440'

Top Oil/Gas Pay 5864'

Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 5982-5989' and 5994-6004'

Open Hole Depth 6004'

OIL WELL TEST -

Natural Prod. Test: None prior to acid treatment

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 164 bbls. oil, 28 bbls water in 24 hrs, 0 min. Size 18/64"

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): Acidized with 1000 gallons 15% regular acid

Casing Tubing Date first new oil run to tanks June 10, 1964

Oil Transporter Magnolia 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)

By: (Signature)

Title Office Manager

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2130 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title