

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

April 27, 1960

(Place)

(Date)

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

Phillips Petroleum Company Yates "A", Well No. 1, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

0, Sec. 29, T. 21S, R. 35E, NMPM, ~~Investigated~~ Pool
Unit Letter

Lea

County Date Spudded 3-29-60 Date Drilling Completed 4-5-60
Elevation 3644' (DF) Total Depth 3936' PBD 3919'

Please indicate location:

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

Top Oil Allow Pay 3726' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3792-3851'

Open Hole Depth Casing Shoe 3936' Depth Tubing 3787'

OIL WELL TEST -

None prior to frac treatment

Natural Prod. Test: / bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 165 bbls. oil, 0 bbls water in 6 hrs, 0 min. Size 2 1/2" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	272	150
4-1/2"	2923	415

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): Fracture treated with 10,000 gal. R.O. w/20,000# sand.

Casing Press. 1950 Tubing Press. Date first new oil run to tanks April 11, 1960

Oil Transporter Melwood Corp. (Trucks)

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: _____ (Signature)

Title District Chief Clerk

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2105, Hobbs, New Mexico

By: _____
Title _____