

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Denver, Colorado

February 23, 1956

(Place)

(Date)

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

Phillips Petroleum Company

Itahnip

Well No. 1

in. SE

1/4 SE 1/4

(Company or Operator)

(Lease)

Sec. 9

T. 29N

R. 12W

NMPM, Bisti

Pool

San Juan

County. Date Spudded 12-5-55

Date Completed 2-14-56

Please indicate location:

Elevation 6208

Total Depth 4880

P.B. 4846

Top oil/gas pay 4730

Name of Prod. Form

Lower Gallup
Hoopah

Casing Perforations: 4730-52; 4791-96; 4806-15; 4821-36

or

Depth to Casing shoe of Prod. String

Natural Prod. Test 27

BOPD

based on 24

bbls. Oil in 21

Hrs. 0

Mins.

Test after Frac 92

BOPD

Based on 92

bbls. Oil in 24

Hrs. 0

Mins.

Gas Well Potential -

Size choke in inches -

Date first oil run to tanks or gas to Transmission system: 2-21-56

Transporter taking Oil or Gas: El Paso Natural Gas



Remarks:

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

Approved February 23, FEB 28 1956, 1956

Phillips Petroleum Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

By: C. R. Kendrick

Title: Division Superintendent

Send Communications regarding well to:

Title: PETROLEUM ENGINEER DIST. NO. 3

Name: 1200 Denver Club Building

Address: Denver 2, Colorado

CONFIRMATION COMMISSION	
ATTENDANCE OFFICE	
Mr. [Name]	
[Address]	
[City]	
[State]	
[Zip]	
Spouse	[Name]
Child 1	[Name]
Child 2	[Name]
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