

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Hebbs, New Mexico

November 16, 1959

(Place)

(Date)

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

Phillips Petroleum Company and Texas- Ranger, Well No. 9, in NW $\frac{1}{4}$, SW $\frac{1}{4}$,
(Company or Operator) Pacific Oil Co. (Lease)

L, Sec. 23, T. 12-S, R. 34-E, NMPM., Ranger Lake (Pennsylvanian) Pool
Unit Letter

Lee

County. Date Spudded 8-6-59

Date Drilling Completed 10-2-59

Please indicate location:

Elevation 4149 (Gr.) Total Depth 10340' PBD 10324'

Top Oil/Gas Pay _____ Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 10248-10310'

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: 87 bbls. oil, 0 bbls. water in 24 hrs, - min. Size P Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 102 bbls. oil, 52 bbls. acid water in 24 hrs, - min. Size 1/2 Choke

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): Fractured w/30000 gallons dolofrac emulsion (20% kerosene)

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 7000 oil run to tanks October 29, 1959

Oil Transporter Service Pipe Line Company

Gas Transporter Warren Petroleum Corporation

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: W. H. ...
(Signature)

By: _____ Title District Chief Clerk

Send Communications regarding well to:

Title _____ Name Phillips Petroleum Company

Address Box 2105, Hebbs, New Mexico