

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Habbs, New Mexico June 16, 1959
(Place) (Date)

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

Phillips Petroleum Co. & Texas-Pacific Coal West Ranger Unit 5 in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) and Oil Company (Lease)

D 26 123 34E Undesignated Pool
Unit Letter

Lee

County Lee Date Spudded 4-15-59 Date Drilling Completed 6-4-59
Elevation 4154 (DF) Total Depth 10342' PBTD 10340'

Please indicate location:

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

Top Oil/Gas Pay 10238' Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 10241-66, 10274-80, 10286-305, 10309-10327'

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 10334'

OIL WELL TEST -

Natural Prod. Test: 504 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 20/64" Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 34 bbls. oil, 0 bbls water in 1 hrs, 0 min. Size 1/2" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8</u>	<u>355</u>	<u>355</u>
<u>8-5/8</u>	<u>4223</u>	<u>200</u>
<u>5-1/2</u>	<u>10360</u>	<u>990</u>

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 w/1000 gals. 15% regular acid

Casing _____ Tubing _____ Date first new _____
Press. 3600 Press. _____ oil run to tanks 6-13-59

Oil Transporter Service Pipe Line Company

Gas Transporter _____

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)

By: John W. Ruggell

Title District Superintendent

Send Communications regarding well to:

Title _____

Name Phillips Petroleum Company

Address Box 2105, Hobbs, New Mexico

