## NEW! XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAR) ALLOWABLE

New Well

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Perm 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 first 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.

					(Place)	MALLEO		(Date)	
E ARE HEREBY REQUESTING  illips Petroleum Co., and  (Company or Operator)			d Texas-Paci Coal & Oil	fie RANGE	, Well No	12			
Unit Late	Sec.	26	, T. 12-S	R.34-E	, NMPM., <del>I</del>	anger lai	e (Pennsyl	<b>vanian</b> ) p	
			County. Date	Spudded. 1-2	5-60	Date Dril	ling Completed	3-17-60	
	indicate le		Elevation	157 DF	Total	Depth	PB	י גללות	
<b>D</b>   C	B		Top Oil	10220'	NameName	of Prod. Form	Pomnsylv	anlan	
			PRODUCING INTE		_				
- I		H	Perforations	10228-103	<b>16</b> 1 Depth		Depti	3	
E	r G.	"	Open Hole		Casin	ng Shoe	Tubi	ng <b>9938'</b>	
			OIL WELL TEST	- Wa Anni	Lumban da	anid tw	atment	Ch -	
L	C J	I	Natural Prod.	Test:	bbls.oil,	bbls wa	ter inh	Chors,min. Siz	
			Test After Aci	d or Fracture T	reatment (afte	r recovery o	volume of oil	equal to volume	
M N	1 0	P	load oil used)	. 190 bbls.	oil, 0	bbls water	in 12 hrs,	O min. Size	
	x		GAS WELL TEST						
					,			oke Size	
ubing Casing and Gementing Recor								urs flowed	
8-5/8"	1964'	705	Choke Size	Method of	Testing:		<del></del>		
5-1/2"	193321	1490	Acid or Fractu	re Treatment (Gi	ive amounts of	materials us	ed, such as ac	id, water, oil, a	
7-4/ 6	2000	22,70	sand): Acidi	ized with I	900 galles	ns regula	r 15% acid		
			Casing Press. Vac.	Tubing Press•	Date first oil run to	new tanks	reh 22, 196	ю	
				. Service P					
				warren Pe					
marks.									
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		an an analog y paga sakada (* ) *		······································					
I hereb	v certify th	at the info	rmation given a	bove is true an	d complete to	the best of	ny knowledge.		
proved	*1.4	3		, 19	Phillips	LOCKETON			
pp: 0 • 0 ·				·	-1	(Compa	ny or Operator)		
OI	L'CONSE	RYATION	COMMISSION		Ву:	Call	Signature)		
1	9 4	1. 1.	fry 12		Dist	riet Chie	f Clerk		
: OL	11/	1691	126-1		Title		ations regardin	ig well to:	
tle					Phil		olown Comp		
				}	vame	•••••			
					Address	BOX ZIV)	, Hobbs, K		