				NTW MEXICO OIL CONSERVATIO Santa Fe, New Mexico	Reviewd 7/1/5
U.S.C.R. LAND OFFICE	1 011			REQUEST FOR (OIL) - (GAS)) ALLOWARLE
TRANSPORTER PROBATION OFF	4.15				New Well Recompletion
Form C-19 able will 1 month of	04 is to be assign comp	o <mark>be sub</mark> i gned effe	nitted in Q ective 7:00 recomplet	the operator before an initial allowable will be ass UADRUPLICATE to the same District Office to A.M. on date of completion or recompletion, pro- oi The completion date shall be that date in the be reported on 15.025 psia at 60° Fahrenheit. The Hobbs, New M	which Form C-101 was sent. The allo vided this form is filed during calence e case of an oil well when now oil is de
				(Place)	(Date)
				G AN ALLOWABLE FOR A WELL KNOWN	
+		ny or Ope	rator)	Harris (Lease)	
C	- 	, Sec		(Lease) T. 12-S., R. 38-E., NMPM., Bronce	Siluro (Devonian)
11mit	Latter			County. Date Spudded Aug . 17, 1964 Date	
				Elevation3800! (D. F.)Total Depth	11,850 [†] PBTD 11,840 [†]
Pie	ase in	dicate lo	cation:	Top Oil/GXEK Pay 11,827	
D	C	B	•	PRODUCING INTERVAL - 11,827', 11,829', a	· · · · · · · · · · · · · · · · · · ·
E	F	G	H	Perforations	11,8471 Depth Tubing 11,8471
				OIL WELL TEST -	
L	K	J	I	Natural Prod. Test:bbls.cil,	
м	N	0 x	Р	Test After Acid or Fracture Treatment (after record load oil used): 208 bbls.oil, 4 bbls GAS WELL TEST -	
k k			/ /		urs flowedChoke Size
Publing C	(F001	AGE)	nting Recor		
Sire		Fret	Sax	Test After Acid or Fracture Treatment:	
				Choke Size Method of Testing:	
13 3/8	11 1	504	500		
8 5/8	յո լլ	618	600	Acid or Fracture Treatment (Give amounts of materi	ials used, such as acid, water, oil, ar
3 1/2			1200	sand): See remarks Casing Tubing L0 Date first new Press.	October 22, 1964
		+		011 Transporter Phillips Pipe Line	e Company
2 7/8			1200	NONE (To be come	ted later)
Remarke	Perf	orate	3 1/2" (asing with one jet shot at 11,02/,	11,029°, and 11,001°°, Roiu
with 9	600 g	als ac	etic aci	1. Swab well. Re-acidize with 500	gals 15% NE acid. Swab wel
Re-ac:	ldize	with	2000 ga]	s 15% NE acid. Swab well.	
I he	ehv ce	ertify the	t the info	mation given above is true and complete to the be	est of my knowledge.
Approved					Company or Operator)
	IL C	ONSER	VATION	COMMISSION By:	(Signature) H. D. Raymond
By:	9)-{		Y Z	Send Com	District Superintendent munications regarding well to:
Title	•••••			Name H. D. Ray	
/				Address P. O. Box	728 - Hobbs, New Mexico