

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

ARTESIA, NEW MEXICO 19 MARCH 62  
(Place) (Date)

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

LEONARD NICHOLS PHILLIPS STATE, Well No. 4, in SW 1/4 SW 1/4,  
(Company or Operator) (Lease)

M, Sec. 2, T. 17S, R. 32E, NMPM, MALJAMAR Pool  
Unit Letter

LEA

Please indicate location:

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

County. Date Spudded 22 FEB 62 Date Drilling Completed 6 MAR 62  
Elevation 4191 KB Total Depth 4165 PBTD 4133

Top Oil/Gas Pay 3988 Name of Prod. Form. GRAYBURG

PRODUCING INTERVAL - 3988-91, 4034-38, 4060-62, 4073-78,  
4083-86, 4102-06, 4114-18

Perforations  
Open Hole Depth Casing Shoe 4165 Depth Tubing 4005

## OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 123 bbls. oil, 10 bbls water in 24 hrs, min. Size PUMP

## 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): 40000# 20-40 SD, 26000 GAL SLICK WATER, 1000 GAL ACID

Casing Tubing Date first new Press. 500 Press. 4200 oil run to tanks 18 MAR 62

Oil Transporter TEXAS-NEW MEXICO PIPE LINE COMPANY

Gas Transporter PHILLIPS

Remarks: THIS WELL IS OFFSETTING THREE WATER INPUT WELLS AND IS IN THE ROBERTS WATER FLOOD AREA. IT IS A REPLACEMENT WELL FOR A PLUGGED AND ABANDONED WELL.

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

Approved: 19

LEONARD NICHOLS  
(Company or Operator)

Original Signed by H. C. Porter

By: (Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title

Title AGENT

Send Communications regarding well to:

Name H. C. PORTER

Address BOX 376, ARTESIA, NEW MEXICO