

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 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.

Hobbs, New Mexico November 12, 1957  
(Place) (Date)

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

Phillips Petroleum Company Michel, Well No. 1, in NE 1/4 NW 1/4,  
(Company or Operator) (Lease)  
C, Sec. 13, T16-S, R33-E, NMPM, Wildcat Pool  
Unit Letter

Lea

County. Date Spudded 6-11-57 Date Drilling Completed 10-13-57  
Elevation 4170 (DF) Total Depth 13265 PBTD 13246  
Top Oil/Gas Pay 13062 Name of Prod. Form Penn. (Lower Atoka)

Please indicate location:

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

PRODUCING INTERVAL - 13062 - 13068 13118 - 13124  
Perforations 13092 - 13298 13186 - 13200  
Open Hole Depth Casing Shoe 13264 Tubing 13050

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	358	375
9-5/8	4550	980
5-1/2	13264	990

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: 6800 MCF/Day; Hours flowed 24

Choke Size \_\_\_\_\_ Method of Testing: Back Pressure

~~Distillate at rate of 56 bbls. per 1840P~~

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): Acidized in 2 stages of 500 and 5000 gallons

Casing Tubing Date first new Press. 0 Press. 1300 oil run to tanks

Oil Transporter \_\_\_\_\_

Gas Transporter \_\_\_\_\_

Remarks: Shut In waiting connection

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. E. Croston*  
(Signature)

Title: District Chief Clerk  
Send Communications regarding well to:

Name: Phillips Petroleum Company

Address: Box 2105 Hobbs, New Mexico

By: *[Signature]*  
Title \_\_\_\_\_