## NEW XICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ALLOWABLE

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form Cr104 is to be submitted in QUADRUPLICATE to the same District Office to which Form Cr101 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.

				Holdon, New Marian (Place)	<b>June 20, 1956</b> (Date)
E ARE H	IEREBY R	EOUESTI	NG AN ALLOWA	BLE FOR A WELL KNOWN AS:	
		-		w. Her. NAR, Well No	
(Co	mpany or Oj	crator)	•	(Lease)	
Unit Lei	, 500 Her	••••••••••••••••••••••••••••••••••••••	, 1 <b></b> , K.		NA WINING A
	<b>A</b>	· · · · • • • • • • • • • • • • • • • •	County. Date Sp	udded	capleted 6m6m58
Pleas	e indicate	location:		Total Depth 11567	
D C	CB		Top Oil/Gee Pay	Name of Prod. Form.	120mp
			PRODUCING INTERVA		
2	<b>F</b> G	H	Perforations 107	20-27; 10773-85; 10796-10404 (1	Depth
<u> </u>			Open Hole	Casing Shoe 115791	Tubing 10004
			OIL WELL TEST -		
L	K J	I	Natural Prod. Tes	t:bbls.oil,bbls water in	Choke <b>24</b> hrs, <b>()</b> min. Size <b>3</b>
1	K			r Fracture Treatment (after recovery of volum	
M	N O	P		bbls.oil,bbls water in	Choke
			GAS WELL TEST -		
				MCF/Day; Hours flowed	
Sire	Ecct	enting Record Sax		(pitot, back pressure, etc.):	
	1			r Fracture Treatment:MCF,	
3-3/4	359	100	Choke Size	Method of Testing:	
			Acid or Fracture 7	Ireatment (Give amounts of materials used, suc	ch as acid, water, oil, and
<u> </u>	<u> 4530</u>	1165	sand):		
R_1 /9	11579	1061	Casing Press.	Tubing Date first new Pressoil run to tanks	19/58
<u> 2-14 6</u>			-	Gulf Befining Company - Pipe Lin	
			Gas Transporter		
nonke i					
					****
T baab			mation given about	e is true and complete to the best of my kno	wledge.
	y ceruiy u				
proved	•••••••••	<u> in 9</u>	······································	(Company or O	perator)
OT	L CONSE	RVATION	COMMISSION	By: Melanaston	•••••
<b>U</b> 1				(Signatur	e)
(	1	-11	etter?	TitleDistrict ChiefC	lork
				Send Communications	regarding well to:
le	~		. 4		_

Name ...... Phillips Potroloum Company

Address....Bex. 2.05,...Hobbs,...Hew.Mexie