/ MEXICO OIL CONSERVATION CC

Santa Fe, New Mexico

MISSION

REQUEST FOR (OIL) - (CAS) ALLOW

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 from 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 oil is delivered into the stock tanks. Gas must be reported on 15 025 psia at 60° Fahrenheit

nto the stoc	k taliks.	as must be re	ported on 13.025 psia at oc	Hobbe,	9-21-52	
				(Place)	(Date)	
				R A WELL KNOWN AS:		
(Cor	npany or O	perator)	(Lease)	, Well No	, in	
<u>g</u>	Se	c 11	, T . 158 , R . 37 1	, NMPM.,Benton Wol	Poo	
(Unit)			County Data Smuddad	B-20-89 D-4-C		
	e indicate		Oduity. Date Spudded	.5-20-52, Date Con	ibieted	
	•		Elevation3708.D.	Total Depth9550	, P.B 9367	
			Top oil/gas pay	735 Top of Proc	l. Form 9017	
			Casing Perforations:	Casing Perforations: 9035-9165 9195-9320 01		
Depth to Casing shoe of Pro				of Prod. String9544		
			Natural Prod. Test	174	BOPD	
			based on	bbls. Oil in12	HrsMins	
		•••••	Test after acid or sho	280	BOPD	
Casing and Comenting Record Size Feet Sax			Based on230	bbls. Oil in24	Hrs Mins	
13-3/8"	342	350	Gas Well Potential			
8-5/8		21.50	Size choke in inches.	1/2*		
5-1/2"	• •	725	Date first oil run to t	nks or gas to Transmission syste	m: 8-2-52	
			Transporter taking C	l or Gas: ServicePipeI	ine Company	
Remarks:					······································	
	***************************************	••••••				
I hereb	y certify t	hat, the infor	mation given above is true	and complete to the best of my	knowledge.	
Approved	L	pt-	26 ,195K	Phillips Petrole	or Operator)	
OII	L CONSE	RVATION (COMMISSION	By: Blanston (Sign	nature)	
y 164 yackrough				TitleBishChief.Che		
Title Cas Inspector				Send Communication	ons regarding well to:	
				Name		
	-			Address.Bess.2105Bob	bay Nextoo	

•