NEW M ICO OIL CONSERVATION COMMISS N Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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 (Place)					June J	June 18, 1962		
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			, T. 18-S	/T \	•			-		-	
Tiefe La	iter .										
Lea			County. Date	Spydded5	7-62	Date	Drilling G	ampleted 👸	5-31-6	2	
Pleas	se indicate	location:	Elevation Top Oil/Gas Pay	10001	Total [Depth	42 (4.	PBTD	44.37		
Ι α	C B	T A	Top Oil/Gas Pay	4200	Name of	f Prod.	Form.	Arees:			
	.,		PRODUCING INTER					<u>.</u>	\supseteq		
E	F G	H	Perforations_	42081-15	Depth	W/2	2SP F	Depth	ij		
			Open Hole		Casing	Shoe	42741	Tubing	42741		
			OIL WELL TEST -					O	9		
r	K J	I	Natural Prod. T	est:	bbls.oil,	bb]	s water in	hE#		Choke Size	
].	Test After Acid		-						
M	N O	P	load oil usad).	71 hhla	,oil, <u>O</u>	bbls wa	iter in 7	/ brs.	Chok	e 10	
	*								-		
20 P9 w	1509.73	TWT	GAS WELL TEST -	,	*			$G(\cdot)$			
				est:	MCF/Day	y; Hours	flowed	Choke	Size		
	_	menting Reco		-	k pressure, etc						
Size	Feet	Sax	1		reatment:						
13 3/8"	329	375	Choke Size	Method of	Testing:						
4 1/2"	1.001	200	Acid or Fracture	e Treatment (G	ive amounts of m	naterial	s used, su	ch as acid, v	water, oil	, and	
4 4/2"	4274	320	1		S-O-F 25,00						
2*	4214		Casing 200	Tubing Press. 80	Date first r oil run to	new tanks	6/14/	62			
	 	+	Cil Transporter								
			Oli Transporter	Phillips	Petroleum	Compa	ny				
			Gas Transporter								
iemarks:							*****				
					************					• • • • • • • • • • • • • • • • • • • •	
I here	hy certify t	hat the infe	ormation given ab	ove is true an	d complete to t	he best	of my kno	wledge.	••••••	•••••	
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0	IL CONSE	RVATION	OMMISSION	•	By: D. R.	MOORE	(Signatu	re)			
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