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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

December 28, 1964

(Place)

(Date)

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

Phillips Petroleum Company Santa Fe, Well No. **93**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec **5**, T **18S**, R **35E**, NMPM., **Vacuum (G-SA)** Pool
Unit Letter

Lea County. Date Spudded **12-12-64** Date Drilling Completed **12-21-64**

Please indicate location:

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

Elevation **3955' GL** Total Depth **4650'** PBD **4609'**

Top Oil/Gas Pay **4570'** Name of Prod. Form. **Grayburg-San Andres**

PRODUCING INTERVAL -

Perforations **4570-4590' and 4596-4609'**

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing **4580'**

OIL WELL TEST -

Natural Prod. Test: / **None prior to acid treatment** Choke _____
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): **264** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **20/64"** Choke

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): **Acidized with 1000 gallons 15% regular acid**

Casing _____ Tubing **100** Date first new _____
Press. _____ oil run to tanks **December 27, 1964**

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Phillips Petroleum Company**

Remarks: _____

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: _____ Title **Office Manager**

Title _____ Name **Phillips Petroleum Company**

Address **Box 2130 - Hobbs, N.M.**