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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
Santa Fe, New Mexico HUBBS OFFICE Revised 7/1/57

REQUEST FOR (OIL) - ~~WATER~~ ALLOWABLE

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 May 23, 1962
(Place) (Date)

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

Phillips Petroleum Company Santa Fe, Well No. 66, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
M Sec. 26, T 17-S, R 35-E, NMPM, Undesignated Pool
Unit Letter

County Lee Date Spudded 4-12-62 Date Drilling Completed 5-15-62
Elevation 3923 (DF) Total Depth 9133' PBTD 9065'
Top Oil/Gas Pay 8368' Name of Prod. Form Abo

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

Please indicate location:

PRODUCING INTERVAL -

Perforations 8446 - 8868'
Open Hole Depth Casing Shoe Depth Tubing 8450'

OIL WELL TEST -

Natural Prod. Test: None prior to acid treatment Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 644 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 20/64"

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 Date first new
Press. 2000# oil run to tanks May 22, 1962

Oil Transporter Texas-New Mexico Pipeline 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: _____
(Signature)

Title District Chief Clerk

Send Communications regarding well to:

Name Phillips Petroleum Company

Address P.O. Box 2105 - Hobbs, New Mexico