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**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - ~~WELL~~ 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 March 7, 1961  
(Place) (Date)

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

Phillips Petroleum Company Santa Fe, Well No. 57, in SE  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
N, Sec. 33, T. 17-S, R. 35-E, NMPM, Undesignated Pool  
Unit Letter

Lea County. Date Spudded 1-19-61 Date Drilling Completed 2-23-61

Please indicate location:

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

Elevation 3947' Total Depth 9000' PBD 8960'

Top Oil/Gas Pay 8332' Name of Prod. Form. Abo Reef

PRODUCING INTERVAL -

Perforations 8830-8854'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_  
Tubing 8877'

OIL WELL TEST -

Natural Prod. Test: 450 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 1/4" Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): None bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

**Tubing, Casing and Cementing Record**

Size	Feet	S&W
<u>13-3/8</u>	<u>320</u>	<u>350</u>
<u>8-5/8</u>	<u>3300</u>	<u>400</u>
<u>5-1/2</u>	<u>8993</u>	<u>540</u>

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): None

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks 3/4/61

Oil Transporter The Permian Corporation

Gas Transporter Phillips Petroleum Company

Remarks: Unusual flow rate

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: \_\_\_\_\_

By: W. H. Johnston  
(Signature)

Title District Chief Clerk

Send Communications regarding well to:

Title \_\_\_\_\_

Name Phillips Petroleum Company

Address Box 2105, Hobbs, New Mexico