

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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

April 16, 1962
(Date)

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

Phillips Petroleum Company

Santa Fe

Well No. 64, in NE 1/4, NE 1/4,

(Company or Operator)

(Lease)

Undesignated

Pool

A Sec. 34, T 17-S, R 35-E, NMPM.,

Unit Letter

Lea

County Date Spudded 2-26-62

Date Drilling Completed 4-8-62

Please indicate location:

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

Elevation 3923' (Ground)

Total Depth 9100' PBTD -

Top Oil/Gas Pay 8534

Name of Prod. Form. Abo

PRODUCING INTERVAL -

8536-8874'

Perforations

Open Hole Depth Casing Shoe Depth Tubing 8534'

OIL WELL TEST -

None prior to acid treatment

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 720 bbls. oil, none bbls water in 24 hrs, 0 min. Size 24/64" 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 1350 Date first new April 14, 1962
Press. Press. oil run to tanks

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: Lester A. Clements

Title _____

By: _____
(Signature)

Title District Chief Clerk

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2105 - Hobbs, New Mexico