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# NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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, N.M. July 20, 1962  
(Place) (Date)

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

Phillips Petroleum Company

Well No. 70, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

Q Sec. 26, T. 17S, R. 35E, NMPM, Vacuum Abo Pool

Unit Letter

Lea

County. Date Spudded 6-16-62 Date Drilling Completed 7-13-62

Elevation GR 3913, DF 3925, RKB 3926 Total Depth 9066 PBD 9015

Please indicate location:

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

Top Oil/Gas Pay 8640 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 8640 - 8887

Open Hole Depth 9066 Casing Shoe 9066 Tubing 8635

OIL WELL TEST -

Natural Prod. Test: 1000 bbls. oil, 0 bbls. water in 24 hrs, - min. Size 24/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 390 bbls. oil, 0 bbls. water in 24 hrs, - min. Size 24/64

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): 1000 gals. 15% regular acid.

Casing Press. Tubing Press. 250 Date first new oil run to tanks 7-19-62

Oil Transporter Texas-New Mexico Pipeline Co.

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: M. G. Croston (Signature)

Title District Chief Clerk

Send Communications regarding well to:

Name M. G. Croston

Box 2105 Hobbs, N.M.

Title

By: \_\_\_\_\_