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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (MASY ALEOWAPLE, C. C.

MAR 13 S 54 Mew Wen

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

		1	Hobbs, New Mexico March	
E AGE II	CDCDV DI	COLLECTI	·	Date)
		_	ING AN ALLOWABLE FOR A WELL KNOWN AS: Company Senta Fe , Well No, in	SW //
N. Tak	, Sec.	27	(Lease) T. 178 , R. 35E , NMPM., Undesignated	Pool
			County Date Spudded 2-15-64 Date Drilling Completed 3-3	_
	indicate k		Elevation 3944 DF Total Depth 6250 PBTD 62	051
			Top Oil/Gas Pay 6066 Name of Prod. Form. Paddock	
D (В	A	PRODUCING INTERVAL -	
			Berforstions 6074-60901	
E F	G	H		991
L K	J	I	None prior to acid treatment Natural Prod. Test:bbls.oil,bbls water inhrs,	Choke
			· ·	
M I	1 0	 P 	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to	Choke
•			load oil used): 366 bbls.oil, 0 bbls water in 24 hrs, 0 min.	Size_ <u>24/0</u>
			GAS WELL TEST -	
330' FS.	ODTAGE)	FWL		
_ •	ng and Come		Method of Testing (pitot, back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flower	ed
8-5/8*	1682	820	Choke SizeMethod cf Testing:	
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water	, oil, and
4-1/2"	6250	800	sand): Acidized with 1000 gallons 15% regular	
			Casing Tubing 2400# Date first new oil run to tanks March 6, 1964	
			Cil Transporter The Permian Corp.	
			Gas Transporter Phillips Petroleum Co.	
-marks:				
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I hereb	v cartify ()	at the info	formation given above is true and complete to the best of my knowledge.	
	y ceruity '.	MAR IU	1964 Phillips Petroleum Company	********
proved		**************	(Company or Operator)	
OI	L CONSE	RVATION	N COMMISSION By: / Socion	
	1 3		(Signature)	
J.J.L.			Title. Office Manager Send Communications regarding well to	D:
tle	#119111 997	\$5,8% : X	Name Phillips Petroleum Company	
			Address Box 2130 - Hobbs, New Mexico	
			Address.	