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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~1971~~ - (GAS) 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 November 4, 1964
(Place) (Date)

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

Phillips Petroleum Company M. E. Hale, Well No. 11, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)
K, Sec. 35, T. 17S, R. 34E, NMPM., Undesignated Pool
Unit Letter

County Date Spudded 7-17-64 Date Drilling Completed 8-1-64
Elevation 4018' GL Total Depth 6225' PBD 3190'

Please indicate location:

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

Top Oil/Gas Pay 2997' Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations 2997-3100'

Open Hole Depth Casing Shoe Depth Tubing 2977'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

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: 600 MCF/Day; Hours flowed 24

Choke Size 12/64" Method of Testing: Multi-point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Frac w/20,000 gal brine, 30,000# sand, 1000 gal. acid

Casing Tubing Date first new (dry gas well)
Press. Press. oil run to tanks

Oil Transporter _____

Gas Transporter Phillips Petroleum Company (designated)

Remarks: Refer to Order R-2778

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: *Phillips Petroleum*
(Signature)

Title Office Manager

Name Phillips Petroleum Company

Title _____

Address Box 2130 - Hobbs, New Mexico