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NFW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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 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 recompleti~~on~~. 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
(Place)

August 14, 1964
(Date)

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

Phillips Petroleum Company M. E. Hale, Well No. 10, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)
O, Sec. 35, T. 17S, R. 34E, NMPM., Undesignated Pool
Unit Letter

Lea County, Date Spudded 6-30-64, Date Drilling Completed 7-15-64

Please indicate location:

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

Elevation 4013' GL, Total Depth 6200', FBTD 6200'

Top Oil/Gas Pay 2808', Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations 3004 - 3090'

Open Hole Depth 2935', Casing Shoe, Tubing

OIL WELL TEST -

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

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

GAS WELL TEST -

Natural Prod. Test: None prior to fracture treatment, MCF/Day; Hours flowed, Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: 408 MCF/Day; Hours flowed 24

Choke Size 1/2" Method of Testing: Back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Frac with 20,000 gal brine, 21,000# sand

Casing Tubing Date first new Press. 3400# oil run to tanks

Oil Transporter

Gas Transporter Phillips Petroleum Company

Remarks:

I hereby certify tha the information given above is true and complete to the best of my knowledge.

Approved, 19.

Phillips Petroleum Company
(Company or Operator)

By: (Signature)

Title Office Manager

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2130 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title