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NEW MEXICO OIL CONSERVATION COMMISSION (Form c-104) Santa Fe. New Mexico

REQUEST FOR (OIL) - (AC/A/S/) ALLOWAPLE

New Well

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

(Con	npany or Ope	rator)	(Lease)	, Well No94		
מ	Sec	26	, T. 17S , R. 35E	., NMPM., Unde	signated	Р
Unit Lat	ter	_				
		Lea	County. Date Spudded3	Date D	rilling Completed	57.501
	e indicate lo		Elevation 3921' GL	Total Depth	0720. brid	0130.
<u> </u>	СВ		Top Oil/Gas Pay 6130	Name of Frod. F	orm. Paddock	
_		A	PRODUCING INTERVAL -			
			Perforations 613	2-6148		
E	F G	H	Open Hole	Depth Casing Shoe	Depth Tubing	6140
				outling unou		
L	K J		OIL WELL TEST - Non	e prior to acid to	reatment	Cho
- "	.	-	Natural Prod. Test:	bbls.oil,bbls	water inhrs,	min. Si
1			Test After Acid or Fracture	[reatment (after recovery	of volume of oil equ	ual to volume
M :	N O	P	load oil used): 236 bbl	s,oil,Obbls wat	er in 24 hrs, 0	min. Size
		1	GAS WELL TEST -			
	7 2251 1					
	IL, 335' 1	- WA.	Natural Prod. Test:			
bing ,Cas	ing and Come	nting Recor	d Method of Testing (pitot, ba	ck pressure, etc.):		
Size	Feet	Sax	Test After Acid or Fracture	[reatment:	MCF/Day; Hours	flowed
0 1/0	1713	750	Choke SizeMethod c	f Testing:		
8-5/8	+1+3	150				
4-1/2	6250	800	Acid or Fracture Treatment (Csand): Acidized with	ive amounts of materials 3000 gallons 15%	used, such as acid, regular acid	water, Oll, a
•						
			Casing Tubing Press. 290	oil run to tanks	March 25, 1964	<u> </u>
			Cil Transporter Texas	-New Mexico Pipe	Line Company	
		i	Gas Transporter Phill	ips Petroleum Com	pany	
	1					
marks:		• • • • • • • • • • • • • • • • • • • •	Gas Transporter			
marks:		•••••				
				nd complete to the best	of my knowledge.	
I hereb	by certify 'a	at the info	rmation given above is true a	nd complete to the best o	of my knowledge.	
I hereb	by certify 'a	at the info		nd complete to the best of Phillips Petro	of my knowledge. leum Company npany or Operator)	
I herel	by certify 'a	at the info	rmation given above is true a	nd complete to the best o	of my knowledge. leum Company npany or Operator)	
I herel	by certify 'a	at the info	rmation given above is true a	nd complete to the best of Phillips Petro	of my knowledge. leum Company npany or Operator) (Signature)	
I herek	by certify 'a	at the info	rmation given above is true a	nd complete to the best of Phillips Petro (Cor By: Office Management	of my knowledge. leum Company npany or Operator) (Signature)	
I herek	by certify 'a	at the info	rmation given above is true a	nd complete to the best of Phillips Petro (Cor	of my knowledge. leum Company npany or Operator) (Signature) ger nications regarding v	vell to:
I herek	by certify 'a	at the info	rmation given above is true a	nd complete to the best of Phillips Petro (Cor By: Office Management	of my knowledge. leum Company npany or Operator) (Signature) ser nications regarding value of the company	veli to: