NUMBER OF COP. .S RECEIVED OISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWARLE HOSES OFFICE O.C.C.

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

red into the	stock tank	s. Cas mu	st be reported or	n 15.025 psia a	t 60° Fahrenheit Hobbs, New	i. Mexico	May	6, 1964	••••
					(Place)			(Date)	
					A WELL KNO		en.	. WL	
Phillips (Com				Santa Fe (Lease)	, Well No	, ir	n	1/4	1/4,
	, Sec.	33_	., т. 178	, R 35E	, NMPM.,				
		Lea	County. Dat	te Spudded	4-18-64	Date Drilling	Completed	5-1-64	
Please	indicate l	ocation:			Total .				
D C	В	A			Name o	f Prod. Form.	PAUGOOR		
			PRODUCING IN						
E F	G	H	Perforations_	607	9 - 6107'		Depth	4	
x F	ا ۳	n	Open Hole		Casing	Shoe	Tubing	6109'	
			OIL WELL TEST	<u> </u>					
L K	J	I	Natural Prod	Nor.	bbls.oil,	ACIC treatme bbls water	int inhrs,	min.	Choke Size
					Treatment (after				
M N	0	P	load oil use	d): 386 bb	ls,oil, <u>0</u>	bbls water in	24 hrs, 0	Chok min. Size	20/64
	ļ		GAS WELL TES			_			
2180' FNL	6601	Wit.		-	/2		a		
(F¢	OTAGE)				MCF/Da				
Tubing ,Casiz	_	enting Meco Sax		-	ack pressure, etc				
- 1			1		Treatment:				
8-5/8*	1625	700	Choke Size	Method	of Testing:				
4-1/2"	6225	950	Acid or Fraction	ture Treatment (Give amounts of 1	materials used,	such as acid,	water, oil	, and
			Casino		Date first				
		<u> </u>			iew Mexico P	ipe Line Com	Dany		
			1		e Petroleum		- 		
Remarks:									•• · · · · · ·
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T hansh.		as sha inf	ormation given	above is true	and complete to	the best of my k	nowledge.		
1 nereby	Manager 1	iat the nn		19	Phillips	Lationery	Cembers		
spproved	RW473			, 1.		(Company or	r Operator)		
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						(Signa	iture)		
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litle			•••••••••••						
					AddressBOX	2130 - Hob	DS, N.M.		