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PRODUCTION OFFICE	
OPERATOR	

# NEW 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 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

September 22, 1964

(Place)

(Date)

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

Phillips Petroleum Company

Santa Fe

Well No. 103

in NE

SW

1/4

(Company or Operator)

(Lease)

K

Sec. 29

T 17S

R 35E

NMPM

Vacuum Glorieta

Pool

Unit Letter

Lea

County. Date Spudded. 9-2-64

Date Drilling Completed 9-17-64

Please indicate location:

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

Elevation 3971' GL Total Depth 6225' PBD 6189'

Top Oil/Gas Pay 6104' Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 6104-6135

Open Hole Depth Casing Shoe Depth Tubing 6156'

OIL WELL TEST -

Natural Prod. Test: None prior to acid treatment Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 288 bbls, oil, 3 bbls water in 24 hrs, 0 min. Size 18/64"

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: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acidized with 1000 gallons 15% regular acid

Casing Tubing Date first new Press. 240# oil run to tanks September 21, 1964

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks:

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: \_\_\_\_\_

(Signature)

By: \_\_\_\_\_

Title Office Manager

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2130 - Hobbs, New Mexico

Title \_\_\_\_\_