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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 QUADRUPPLICATE 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

10-15-64

(Place)

(Date)

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

Phillips Petroleum Company

(Company or Operator)

Well No. 104

in SE 1/4

SW NW 1/4

F

Sec. 28

T

17 S

R

35 E

NMPM

Vacuum Glorieta

Pool

Unit Letter

Lea

County Date Spudded 9-18-64

Date Drilling Completed 10-8-64

Elevation 3936

Total Depth 6250

PBTD

6209

Please indicate location:

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

Top Oil/Gas Pay 6120

Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 6120 to 6142

Open Hole

Depth

6250

Depth

6149

OIL WELL TEST -

No natural test.

Natural Prod. Test: 118

bbls. oil,

118

bbls. water in

24

hrs,

min. Size

24/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 418 bbls. oil, 11 bbls. water in 24 hrs, min. Size 24/64

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):

Casing Press.

Tubing Press.

240#

Date first new oil run to tanks

10-14-64

Oil Transporter

Texas-New Mexico Pipe Line Co.

Gas Transporter

Phillips Petroleum Co.

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)

By:

M. G. Croston
(Signature)

Title

Office Manager

Send Communications regarding well to:

Name

M. G. Croston

Address

Box 2130, Hobbs, N. M.

OIL CONSERVATION COMMISSION

By:

Title