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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

December 1, 1964

(Place)

(Date)

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

Phillips Petroleum Company Santa Fe, Well No. 109, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G Unit Letter, Sec. 29, T. 17S, R. 35E, NMPM, Vacuum Glorieta Pool

Lea

County. Date Spudded 11-7-64

Date Drilling Completed 11-20-64

Please indicate location:

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

Elevation 3966' GL Total Depth 6250 PBD 6209

Top Oil/Gas Pay 6152' Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 6152-6160' and 6164-6174'

Open Hole Depth Casing Shoe Depth Tubing 6174'

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): 164 bbls, oil, 5 bbls water in 24 hrs, 0 min. Size 20/64"

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 Press. Tubing Press. 125 Date first new oil run to tanks November 25, 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)

By: (Signature)

Office Manager

Send Communications regarding well to:

Name Phillips Petroleum Company

Address Box 2130 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title