

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

(Place)

(Date)

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

I. W. LOVELADY Phillips-State Well No. 1, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator)
G 16 208 328 (Lease)
Unit Letter, Sec., T., R., NMPM., Halfway Pool

Lea

County. Date Spudded 5/6/60

Date Drilling Completed 5/29/60

Please indicate location:

Elevation 3518' DT Total Depth 2714' PBTD 2580'

Top Oil/Gas Pay 2547' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 2547' w/4 shots

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 36 bbls. oil, 17 bbls water in 24 hrs, _____ min. Choke Size Open

GAS WELL TEST -

Qty 29°

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): 4/270 gal MA

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 5/29/60

Oil Transporter Cactus Pet. Co. (Trucks)

Gas Transporter None

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JUN 2 1960, 19____

I. W. LOVELADY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
Agent (Signature)

Title _____

Send Communications regarding well to:

Name Oil Reports Box 763 Hobbs, N.M.

Address _____

By: _____

Title _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4"	1154'	600 BX
7"	2416'	500 BX
4-1/2"	2714'	40 BX
2" tbg @	2552'	