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.

	ri E - p			Hobbs, New Mexico Dec. 9- 1059 (Place)
WEARE	HER	EBY R	EQUEST	(Date) (Date)
-CAUT	Compan			PHILLIPS STOTAL CH, Well No
via	Lister	, Sec		PHIL: IPS ST (Lesse) CH., Well No. 2, in. 14 St. 14, , T
Ple	ease inc	licate	ocation:	ElevationT20,5Total DepthPBTDPDTDPBTDPBTDPBTDPBTDPBTDPDTD
D	C	В	A	Top Oil/Gas PayName of Prod. FormSEVEN RIVER
E	F	G	Н	Perforations LOLO Depth TO LOSS Depth Depth Depth Depth Depth Tubing LOLO
LX	K	J	I	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):bbls.oil,bbls water inhrs,min. Size
İ İ			J	GAS WELL TEST -
Tubing C	asing a	nd Ceme	nting Recor	Natural Prod. Test:2000MCF/Day; Hours flowedChoke Sizeopen
Size Feet SAX				Method of Testing (pitot, back pressure, etc.):
13 3,	/4 13	lo	10 0	Choke SizeMethod of Testing:
7	47	711	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
				sand): 20000 rely enter 10000 of sand Casing Tobing Press. 0 Press. 13.0 oil run to tanks
		†		Cil Transporter
				Gas Transporter DINITING PERHOLEUM C
Remarks:.	••••••	•••••		
		••••••		
T here		•;f., •h.		mation given above is true and complete to the best of my knowledge.
Approved.			it the mito	(Company of Operator)
O	IL CR	NSF.R	VATION	COMMISSION By Vearge Jakan
			S	(Signature)
By:	<u>U</u>	2	1 - UZ 1 - A	Title Vice-President Send Communications regarding well to:
1 IUE	••••••	••••••		NameGorge Baker

Name......Gorge Baker

Address...Hobbs New Mexico, Box 1826