

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - ~~SECRET~~ ALLOWABLE

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hebbs, New Mexico

October 11, 1955

(Place)

(Date)

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

Phillips Petroleum Company Barn "A" Well No. 3 in SE/ ¼ SW/ ¼
(Company or Operator) (Lease)
N Sec. 14 T. 19-S R. 36-E NMPM. Eumont Pool
(Unit)
Lea County. Date Spudded 9-19-55 Date Completed 10-8-55

Please indicate location:

	●		

Section 14

Casing and Cementing Record

Size	Feet	Sax
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8-5/8"	1486	700
5-1/2"	4070	850 CF 40% diacel

Elevation.....**3736 D.F.**..... Total Depth.....**4070**..... P.B. **4048**

Top oil/ gas pay.....3918..... Name of Prod. Form. Penrose Sand

Casing Perforations: 3980-4030 (200 holes) or

Depth to Casing shoe of Prod. String.....

Natural Prod. Test..... **No test**..... BOPD

based on..... bbls. Oil in..... Hrs..... Mins

Test after acid or shot.....(10-8-55, flowing).....80.....BOPD

Based on 80 bbls. Oil in 24 Hrs. 0 Mins

Gas Well Potential.....

Size choke in inches.....1/4"

Date first oil run to tanks or gas to Transmission system: 10-8-55

Transporter taking Oil ~~from~~ Gulf Oil Corp., Crude Oil Purchasing Dept.

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]
(Signature)

By: W.M. Zander

Title.....**District Chief Clerk**.....
Send Communications regarding well to:

Title Training Unit I

Name..... W. A. Roberts

Address Box 2105, Hobbs, New Mexico