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.

				Hobbs, New Mexico June 23, 1958 (Place) (Date)
Texas	Comp	any	J. R. Phillips	, Well No. 12 , in. SE 1/4 WW 1/4,
7	, Sec	6	, т. 20- S , R. 37- Б	NMPM., Monument Pool
			County. Date Spudded	3-11-58 Date Drilling Completed 4-23-58
			Elevation 3570	Total Depth 5250 FBTD 5248
D C	Тв	B A	Top Oil/Gas Pay 5125	Name of Frod. Form. Paddock
			PRODUCING INTERVAL -	5110'-5132'
F	G	H	Perforations 51251	5179', 5198', 5172' - 5182'5190'-5206'
1 -		-		Depth Casing Shoe 5250' Tubing 4945'
	J.,T	+ +	OIL WELL TEST -	Choke
"		-		bbls.oil, bbls water in hrs, min. Size
N N	-	p		re Treatment (after recovery of volume of oil equal to volume of Choke
			load oil used): 55	choke publs, oil, 200 bbls water in 24 hrs,min. Size P
	<u> </u>		GAS NELL TEST -	
				MCF/Day; Hours flowedChoke Size
•				back pressure, etc.):
	1		7	re Treatment: MCF/Day; Hours flowed
3/8"	315	400	Choke Size Method	d of Testing:
E / 4	2707	1600	Acid or Fracture Treatment	(Give amounts of materials used, such as acid, water, oil, and
2/8 4	5/7/	1000		Oil Carrying l# Sand per gal. Date first new
1/2	5239	750	Fress. PKR Press.	oil run to tanks June 23, 1958
				New Mexico Pipe Line Company
				n Petroleum Corp.
rks: G O]	R. - 3	41		
				and any late to the hest of my knowledge
				The Texas Company
Name of the last o	HILD	#.14.11½	, 19	(Company or Operator)
	ONSER	YATION	COMMISSION	By: Fluela Dein
	ONSER	VATION	COMMISSION	(Signature)
	ONSER	VATION	COMMISSION	D)
	ONSER	VATION	COMMISSION	(Signature) Title Assistent District Superintendent
	Company Floater Lea Please in C F K N N 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Company or Ope F. Sec. June Later Lea Please indicate lo C B F G X N O N O Ang , Gasing and Come Size Feet 3/8* 315 5/8 2797 1/2 5239 Trks: GOR - 3	Company or Operator) F , Sec	Texas Company (Company or Operator) F. Sec