## REQUEST FOR (OIL) - (GAS) ALLOWASBURFICE OCC New Well

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 15-104 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.

	Artesia, New Mexico October 1, 195								
WE ARE H	EREBY R	EQUESTI	NG AN ALLOWA	BLE FOR	A WELL KNOW	N AS:		(====,	
			Phillips		, Well No	<b>1</b> , in	SE	.¼ SE	1/4,
	mpany or Op Sec <del>ter</del>		, T. <b>218</b> , F	(Lesse) 135E	, NMPM.,				Pool
	Lea		County. Date S	pudded	r	Date Drilling	Completed	Sept	20. 195
Please indicate location:			Elevation	3643	Total Dep	th <u>4007</u>	PBTD	<u> 3885                                   </u>	
D O	C B	A	Top Oil/Gas Pay_	3800	Name of P	rod. Form	Yates		
			PRODUCING INTERV	<u>AL</u> -					
E	F G	H	Perforations	380	0-30 , 3868 Depth	-'76	Depth		<del></del>
		п	Open Hole		Casing Sho	·• <u> </u>	Tubing	3800	<del></del>
			OIL WELL TEST -						
L	K J	I	Natural Prod. Te	st: na te	Muls.oil,	bbls water i	inhrs		Choke Size
ļ					Treatment (after re				_
M	N 0	P	load oil used):	105 bbi	s,oil,bb.	ls water in	21 hrs,	Choke min. Size	1/2#
:		0	GAS WELL TEST -						
		<u> </u>			umr/n		C) -1	0.	
Tubing Cas	ine and Com	nting Reco	_		MCF/Day; F			e 51 Ze	<del></del>
Size	Feet	Sax			ck pressure, etc.):		-		
			1		Treatment:				
13 3/8	105	100	Choke Size	Method o	f Testing:				<del></del>
5 1/2	3900	350	Acid or Fracture	Treatment (	Give amounts of mate	erials used, s	uch as acid,	water, oil,	and
1	7,00	7,00	sand): 40,000# sand 10,000 gellons water Casing Tubing						
					Date first new oil run to tank			057	
, <u></u>			-		sed Corpora	-	•		
			<b>L</b>		gas connect				
Remarks:									
								•••••	
*************								•••••	
I hereb	v certify th	at the info	ormation given abo	ve is true a	nd complete to the	best of my kn	owledge.		
	•		,		Resler		eldon		
OI	L CONSE	RVATION	COMMISSION		By: Vilas	Signati	eldon	1	·····
Ru:		100	San Line Colonia	e ·	TitlePar	ctnan			<del></del>
wy . w	······································		and in the state of the state o	***************************************	Send Cor	minunications	regarding	well to:	
Γitle					NameResler.	and She	l.don	,	
						cper Buil			
					AddressArten				