NEW 1 (ICO OIL CONSERVATION COMMIT ON Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-104) Revised 7/1/57

New Well BOCKSESSOCK

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 galendar 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						
WE ARE	HEREBY	REOUESTI	NG AN ALLOW	ABLE FOR A	(Place) WELL KNOV	VN AS:		(Date)		
		•	ny Merci				SW 1/4	NE	1/4.	
(Č	ompany or	Operator)		(Lease)		-	, .		, . ,	
Unit L	, S	Sec32	, T21S,	R35E, I	МРМ.,	SanSimon	· - · · · · · · · · · · · · · · · · · ·	••••••••	Pool	
•	Lea		County. Date				mpleted	6-7-60		
Please indicate location:			-	3610 GR.				3881		
D	C	B A	Top Oil/Gas Pay PRODUCING INTER	3809 VAL -	Name of F	Prod. Form.	Iates			
			Perforations	3809 -	3829					
E		G H	Open Hole	3807	Depth Casing Sh	3898	Depth Tubing	3814		
L	K	JI	OIL WELL TEST -	est:bbl	:1	hhla maaa ta	.	Cl	oke	
				or Fracture Trea	*					
M	N	0 P		18bbls.oi						
			GAS WELL TEST -							
			Natural Prod. T	est:	MCF/Day;	Hours flowed	Choke \$	i ze		
Tubing ,Ca	sing and C	ementing Recor	nd Method of Testi	ng (pitot, back p	ressure, etc.):					
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed							
8-5/8	264	130	Choke Size	Method of Te	sting:			· · · · · · · · · · · · · · · · · · ·		
4-1/2	3887	200	Acid or Fracture	Treatment (Give	amounts of mat	erials used, suc	h as acid, wa	ter, oil,	and	
7 -7 -	1	 		gals. refi	ned oil. 20 Date first new	.000# sand	& 500 gal	a. reg.	_acid	
			Casing Press. 2000	Press.	_oil run to tan	ks 7-2-	60			
			Oil Transporter	McWood C	orp.					
	- L			Phillips		• •				
Remarks:		••••••					• • • • • • • • • • • • • • • • • • • •		•	
		·				•• •• •• •• •• •• •• •• •• •• •• •• ••				
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			rmation given ab			test of my know etroleum Con				
Approved	•••••	•••••••••		, 19	<u> </u>	(Company or Or			· •	
0	IL CONS	ERVATION	COMMISSION	Ву:	<u> </u>	(Signature	•)	************		
B X.C.	1601	V. (1.	and the	т:.	. Distric	t Chief Cle				
by:				III.	Send Communications regarding well to					
Title					Name Phillips Petroleum Company					
				Add	iressPO	Box 2105 - I	lobbs . Ne	w Mexcle	3	