## NEW ! XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

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## REQUEST FOR (OIL) - (TASK) ALLOWABLE

## 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 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 Mexice May 18, 1960
		FOUEST	(Place) (Date)
			NG AN ALLOWABLE FOR A WELL KNOWN AS: Matkins, Well No. 2, in SW 1/4, SB 1/4,
(Corr	npany or Op	erator)	(Lease)
O Lott	, Sec	15	T. 235 , R. 36E , NMPM., Langlie Mattix Pool
			County. Date Spudded 4-26-60 Into Drilling Completed 5-6-60
Please indicate location:			Elevation 3390 (DF) Total Depth 7710 PBTD 9975
			Top Oil Area Pay 3259! Name of Frod. Form. Seven Rivers
	B	A	PRODUCING INTERVAL -
			Perforations 3612-3680'
EF	F G.	H	Depth Depth Depth Open Hole - Casing Shoe - Tubing <b>3662!</b>
			OIL WELL TEST -
LH	K J	I	Natural Prod. Test:
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
MN	N O	P	load oil used): 140 bbls.oil, 0 bbls water in 8 hrs, 0 min. Size 22/6
	0		GAS WELL TEST - 24-heur rate = 420 bbls. cil, no water
	H		MCF/Day; Hours flowedChoke Size
bing Cael	ing and Cam	enting Recon	
Size	Fret	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
		••••	Choke SizeMethod of Testing:
8-5/8*	327'	300	
4-1/2"	37091	850	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): Fraced with 15,000 gal. refined oil, 22,500# sand, 500 15%
		ļ	Casing Tubing Date first new Press oil run to tanks May 16, 1960
			Cil Transporter Texas-New Mexico Pipeline Company
		ļ	Gas Transporter None
marks :		•••••••••••	
marks :		••••••	
I hereby			ormation given above is true and complete to the best of my knowledge. Phillips Petroleum Cempany
I hereby			ormation given above is true and complete to the best of my knowledge. , 19, 19, 19
I hereby			(Company or Operator)
I hereby			19