

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 QUADRUPPLICATE 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

2-14-58

(Place)

(Date)

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

Gulf Oil Corporation

Harry Leonard "D"

Well No. 7, in SW 1/4 NW 1/4

(Company or Operator)

(Lease)

E

Sec. 3

T. 22-S

R. 36-E

NMPM., South Eunice

Pool

Unit Letter

Lea

County. Date Spudded 1-17-58

Date Drilling Completed 1-28-58

Please indicate location:

Elevation 3577'

Total Depth 3850'

FSD 3844'

Top Oil/Gas Pay 3774'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3774-3780', 3830-3836'

Open Hole None

Depth Casing Shoe 3850'

Depth Tubing 3836'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 84 bbls. oil, 7 bbls. water in 24 hrs, 0 min. Size 24/64" Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Set
8-5/8"	401'	325
5-1/2"	3838'	910
2-3/8"	3825'	—

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gal. mud acid; 20,000 gal. lse oil w/ 1# sand per gal.

Casing Tubing Date first new _____
Press. _____ Press. oil run to tanks 2-9-58

Oil Transporter Gulf Refining - Western Division

Gas Transporter Warren Petroleum Corporation

Remarks: It is requested this well be placed on proration schedule effective 2-9-58

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19 _____

Gulf Oil Corporation

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: _____
(Signature)

Area Supt. of Production

Title _____
Send Communications regarding well to:

Gulf Oil Corporation

Name _____

Address _____
Box 2167 - Hobbs, New Mexico