

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Me.

REQUEST FOR (OIL) - (~~Oil~~) ALLOWABLE

New Well
~~Recompletion~~

OCT 25 3 30 PM '63

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

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 October 25, 1963

(Place)

(Date)

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

Gulf Oil Corporation **Chaves State AH (NCT-A)**, Well No. **2**, in **SW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
E Sec. **24**, T. **13-S**, R. **31-E**, NMPM., **Garretts Queen** Pool
Unit Letter

Chaves

County. Date Spudded **1-22-56** Date Drilling Completed **1-28-56**

Please indicate location:

Elevation **4430** Total Depth **3075** PBD **3066**

Top Oil/Air Pay **3058** Name of Prod. Form. **Queen**

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -

Perforations **None**

Open Hole **3058 - 3066** Depth Casing Shoe **3058** Depth Tubing **3034**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): **5** bbls. oil, **20** bbls water in **24** hrs, _____ min. Size **24**

GAS WELL TEST -

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

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): **600 gal 100 oil W/S 2%**

Casing Tubing Date first new Press. _____ oil run to tanks **October 25, 1963**

Oil Transporter **The Peoples Corporation**

Gas Transporter **None**

Remarks: **Well completed day 8-31-56. Allowable requested after installing pumping equipment. No deviation surveys available.**

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: *John D. Parry*

Title _____

By: ORIGINAL SIGNED BY
C. D. BORLAN (Signature)

Title **Area Production Manager**

Name **Gulf Oil Corporation**

Address **Box 670, Hobbs, New Mexico**

Send Communications regarding well to: