

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 November 24, 1959
(Place) (Date)

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

Gulf Oil Corporation Lea State "AQ", Well No. 5, in SE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
F, Sec. 32, T. 19-S, R. 35-E, NMPM., Pearl Queen Pool
Unit Letter

Lea County, Date Spudded 10-15-59 Date Drilling Completed 11-3-59

Please indicate location:

Elevation 3719' Total Depth 4940' PBD 4931'

Top Oil/ Gas Pay 4786' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4786-88', 4884-86', & 4928-30'

Open Hole _____ Depth _____ Casing Shoe _____ Depth Tubing 4871'

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 load oil used): 310 bbls. oil, 3 bbls water in 24 hrs, _____ min. Choke Size 22/64"

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): 5000 gals ref oil, 1/40% Adomite & 1-1/2" SPG

Casing Tubing _____ Date first new _____
Press. _____ Press. 4800' oil run to tanks November 7, 1959

Oil Transporter Shell Pipeline Corporation

Gas Transporter Warren Petroleum Corp.

Remarks: _____

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: [Signature]
(Signature)

By: [Signature]

Title: Area Production Supt.

Title _____

Send Communications regarding well to:

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, N. M.