

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 Dec. 11, 1958
(Place) (Date)

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

Gulf Oil Corporation (Company or Operator) Les State "BG" (Lease), Well No. 2, in NE 1/4 NW 1/4, Sec. 33, T. 19-S, R. 35-E, NMPM, Undesignated Pool

County: Lea Date Spudded: 11-6-58 Date Drilling Completed: 11-30-58

Please indicate location:

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

Elevation: 3714' Total Depth: 4950' FBTD: 4945'

Top Oil/ Gas Pay: 4758' Name of Prod. Form: Queen

PRODUCING INTERVAL -

Perforations: 4758-4770', 4894-4902'

Open Hole: Depth: Casing Shoe: Depth: Tubing:

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): 56 bbls. oil, 0 bbls water in 6 hrs, 0 min. Size 3/4" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	596'	400
4-1/2"	4937'	1790
2-3/8"	4900'	-

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):

30,000 gals ref oil, 1/40# Adomite per gal, 1-3/4" spg in 3 stages
Casing Press. Pkr. Tubing Press. 3700# Date first new oil run to tanks December 2, 1958

Oil Transporter: Permian Oil Co.

Gas Transporter:

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)

By: *[Signature]*
(Signature)

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title: Asst. Area Production Supt.
Send Communications regarding well to:

Title: _____

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, New Mexico