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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 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.

Kermit, Texas

August 17, 1962

(Place)

(Date)

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

Gulf Oil Corporation Fed. Hanagan "D", Well No. 2, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)

J, Sec. 11, T. 24S, R. 32E, NMPM., Double "X" Delaware Pool
Unit Letter

Lea County. Date Spudded 7-22-62 Date Drilling Completed 7-30-62

Please indicate location:

Elevation 3637 Total Depth 4962 PBD 4960

Top Oil/Gas Pay 4947 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Recesses Notch @ 4954

Open Hole Depth Casing Shoe 4962 Depth Tubing 4952

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): 71 bbls. oil, 2 bbls water in 24 hrs, 0 min. Size 20/64 Choke

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): Acidize w/250 gallons mud acid, frac w/500 gal

Casing Press. 880 Tubing Press. 200 Date first new oil run to tanks August 11, 1962

Oil Transporter The Permian Corporation

Gas Transporter Vented - No gas connection in vicinity.

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)

Title Area Production Manager

Send Communications regarding well to:

Name J. L. Pike

Address P. O. Box 980, Kermit, Texas

OIL CONSERVATION COMMISSION

By:

Title