

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MAIN OFFICE OCC

REQUEST FOR (OIL) - (GAS) ALLOWABLE

ORIGINAL
New Mexico
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-101 shall be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 9:00 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 September 9, 1957
(Place) (Date)

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

Gulf Oil Corporation Lea State "A" Well No. 5 in NE 1/4 NW 1/4
(Company or Operator) (Lease)
G Sec. 19 T. 12-S R. 38-E, NMPM, Gladiola Devonian Pool
Lea County, Date Spudded 6-27-57 Date Drilling Completed 8-26-57

Please indicate location:

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

Elevation 3384' Total Depth 11954' PSTD 11952'

Top Oil/AMM Pay 11902' Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 11902-11952'

Open Hole Depth 11954' Casing Shoe 11954' Depth Tubing 11941'

OIL WELL TEST -

Natural Prod. Tests: 373 bbls. oil, 0 bbls water in 24 hrs, min. size 3/4

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

GAS WELL TEST -

Natural Prod. Tests: MCF/Days Hours flowed Choke Size

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

Test After Acid or Fracture Treatment: MCF/Days Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Tubing Date first new Press. oil run to tanks 9-1-57

Oil Transporter Service Pipeline Co.

Gas Transporter

Remarks: It is requested that this well be placed in the Expiration Schedule effective September 1, 1957.

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

Approved SEP 12 1957, 19

Gulf Oil Corporation
(Company or Operator)

By: [Signature] (Signature)

Title: Area Super. of Prod. Send Communications regarding well to:

OIL CONSERVATION COMMISSION

By: [Signature] Engineer District

Title

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, New Mexico