

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 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.

Hobbs, New Mexico

7-10-59

(Place)

(Date)

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

Gulf Oil Corporation

Harry Leonard "D"

Well No. 3, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K Unit Letter, Sec. 3, T. 22S, R. 36E, NMPM, Jalmat Gas Pool

Lea

County. Date Spudded 4-23-59

Date Drilling Completed 5-22-59

Please indicate location:

Elevation 3579' GL Total Depth 3837' PBTD 3830'

Top ~~Oil~~/Gas Pay 3330' Name of Prod. Form. Yates - Seven Rivers

PRODUCING INTERVAL -

3330-32', 3337-39', 3347-49', 3360-62', 3377-79',

Perforations 3419-21', 3470-72', 3487-89', 3530-32', 3542-44',

Open Hole 3578-80', 3608-101' Casing Shoe 3626-30' Tubing 3626-30'

OIL WELL TEST -

Top 4 1/2" liner at 3012'

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

See Remarks

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): 30,000 gals ref oil, 1/40# Adomite & 3# sand per gallon

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 5200- oil run to tanks _____

Oil Transporter _____

Gas Transporter Permian Basin Pipeline Co.

Remarks: Calculated del. 5315 MCF @ 709.6# - A.P. 14,000 MCF before treatment.

Calculated del. 9618 MCF @ 711.5# - A.P. 28,799 MCF after treatment.

Request revised allowable based on tests submitted on C-122 and C-122C

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)

By: _____
Title _____

Title Area Production Superintendent
Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico