

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

March 7, 1958

(Place)

(Date)

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

Gulf Oil Corporation

Harry Leonard "D"

Well No. **8**

in **SW**

1/4

SW

1/4

(Company or Operator)

(Lease)

M

Sec. **3**

T. **22S**

R. **36E**

NMPM,

South Eunice

Pool

Unit Letter

Lea

County. Date Spudded. **2-2-58**

Date Drilling Completed

2-13-58

Please indicate location:

Elevation **3586'**

Total Depth **3860'**

FBTD **3856'**

Top Oil/Oil Pay **3763'**

Name of Prod. Perm. **Queen**

PRODUCING INTERVAL -

Perforations **3763-3802'**

Open Hole **—**

Depth Casing Shoe **3860'**

Depth Tubing **3804'**

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): **106** bbls. oil, **6** bbls. water in **24** hrs, **0** min. Size **21/64"** 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): **500 gal. Mud Acid; 20,000 gal. Lse Oil w/ 1/40# Adomite & 1# SPG**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **3-1-58**

Oil Transporter **Gulf Refining - Western Division**

Gas Transporter _____

Remarks: **It is requested this well be placed on proration schedule effective 3-1-58**

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 **Area Supt. of Production**

Send Communications regarding well to:

Title _____

Name **Gulf Oil Corporation**

Address **Box 2167 - Hobbs, New Mexico**