

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
REGISTRATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

PROCESS OFFICE
New Well
Recorder

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 May 29, 1961
(Place) (Date)

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

Gulf Oil Corporation High Well No. 1, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)
D, Sec. 14, T. 22-S, R. 37-E, NMPM, Penrose Skelly Pool
Unit Letter

Date ~~was~~ Dually Completed 5-29-61
Date Drilling Completed

Lea County. Date Spudded Elevation 3376' DF Total Depth 6465' PBD 5220'

Please indicate location:

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

Top Oil/~~Gas~~ Pay 3553' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3552', 3568', 3620', & 3666'
Open Hole Depth Casing Shoe Depth Tubing 3550'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 27 bbls. oil, 36 bbls water in 24 hrs, _____ min. Size 2" WO

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	301'	300
9-5/8"	2849'	1300
7"	6348'	700

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): 15,600 gals refined oil with 1/40# Adomite M-II & .15-.20# Tuff Prop per gal.
Casing Tubing 6000- Date first new
Press. 5000# (run to tanks May 15, 1961)

Oil Transporter Gulf Refining Co., Crude Oil Dept. - Trucks

Gas Transporter _____

Remarks: Dually completed. Other zone Paddock. DC-1065.

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 *J. Russell*
(Signature)

By _____

Title Area Production Manager
Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Box 2167, Hobbs, N. M.