

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 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 Sept. 21, 1959
(Place) (Date)

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

Gulf Oil Corporation Eddy State "I" (NCT-O), Well No. 1, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
0, Sec. 36, T. 17-S, R. 27-E, NMPM, Undesignated (Expire Abo) Pool
Unit Letter

Eddy County. Date Spudded 8-4-59 Date Drilling Completed 9-8-59

Please indicate location:

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

660' PEL & 1980' PEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>1030'</u>	<u>1075</u>
<u>5-1/2"</u>	<u>5948'</u>	<u>400</u>
<u>2-3/8"</u>	<u>5800'</u>	<u>--</u>

Elevation 3652' OL Total Depth 6200' PBD 5939'
Top Oil/Water Pay 5648' Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 5648-54', 5666-72', 5694-5712' & 5730-40' & 5794-5800'.

Open Hole _____ Depth _____ Casing Shoe 5948' Depth _____ Tubing 5800'

OIL WELL TEST -

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): 124 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size 12/64"

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): 1000 gals 15% Mud Acid

Casing _____ Tubing 2000' Date first new _____
Press. _____ oil run to tanks Sept. 15, 1959

Oil Transporter Service Pipeline Co.

Gas Transporter _____

Remarks: _____

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

Approved: _____ 19_____
SEP 24 1959

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title: OIL AND GAS INSPECTOR

Gulf Oil Corporation
(Company or Operator)

By: She Russell
(Signature)

Title: Area Production Supt.

Send Communications regarding well to:

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, N. M.

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