

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 February 11, 1959
(Place) (Date)

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

Gulf Oil Corporation Eddy State "I" (NCT-B), Well No. 1, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

P, Sec 2, T 18-S, R 27-E, NMPM., Empire Abo Pool
Unit Letter

Eddy

County. Date Spudded 12-21-58 Date Drilling Completed 1-20-59
Elevation 3450' GL 3574' Total Depth 6115' FBTD 6105'

Please indicate location:

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

660' FSL 660' FEL

Top Oil/Gas Pay 5980' Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 5980-6020'
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

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 Choke
load oil used): 235 bbls. oil, 0 bbls water in 24 hrs, - min. Size 11/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record
Size Feet Sax

8-5/8"	1013'	600
5-1/2"	6103'	1000
2-3/8"	6024'	-

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% NE acid

Casing _____ Tubing 1100' Date first new _____
Press. _____ Press. 750' oil run to tanks February 1, 1959

Oil Transporter Malco Refineries, Inc.

Gas Transporter _____

Remarks: _____

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)

By: [Signature]
(Signature)

Title Area Production Supt.
Send Communications regarding well to:

Name Gulf Oil Corporation
Address Box 2167, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]
Title _____

DR. C. W. WILSON, JR. 1918-1920
ALBANY, N. Y.
INC.