

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
(Place)

9-17-58
(Date)

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

Gulf Oil Corporation Eddy State "I" A, Well No. **1**, in **SW** $\frac{1}{4}$, **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. **2**, T. **18**, R. **27**, NMPM., **Undesignated** Pool
Unit Letter

Eddy

County. Date Spudded **7-12-58** Date Drilling Completed **9-3-58**

Please indicate location:

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

Elevation **3529 (DF)** Total Depth **6075'** PBD **6063'**

Top Oil/Gas Pay **5862'** Name of Prod. Form. **Abc**

PRODUCING INTERVAL -

Perforations **5862-5918'**

Open Hole **-** Depth **6075'** Depth Casing Shoe **6075'** Depth Tubing **5917'**

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): **114** bbls. oil, **0** bbls water in **24** hrs, **0** 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): **500 gallons mud acid**

Casing Tubing **675#** Date first new **9-8-58**
Press. **525#** Press. **525#** oil run to tanks

Oil Transporter **Malco Refineries, Inc.**

Gas Transporter _____

Remarks: **It is requested this well be placed on proration schedule effective 9-8-58**

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

Approved: **SEP 22 1958**, 19____

Gulf Oil Corporation
(Company or Operator)

By: **Ph Russell**
(Signature)

Asst. Area Production Supt.
Title

Send Communications regarding well to:

Gulf Oil Corporation
Name

Box 2167 - Hobbs, New Mexico
Address

OIL CONSERVATION COMMISSION

By: **M L Armstrong**
Title

