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PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

**CORRECTED REPORT: FORM C-104 FILED 1-4-62 SHOWED
INCORRECT DATE FIRST OIL RUN TO TANKS**

New Well
RECEIVED

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.

Hebb, New Mexico January 9, 1962
(Place) (Date)

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

Gulf Oil Corporation Federal Holder "G" Well No. 5, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)
J 24 T. 19-S R. 30-E NMPM Undesignated Pool
Unit Letter

Edy

Please indicate location:

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

1650' PSL, 2310 PSL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>583</u>	<u>275</u>
<u>4-1/2"</u>	<u>2066</u>	<u>475</u>
<u>2-3/8"</u>	<u>1965</u>	

County. Date Spudded Dec. 13, 1961 Date Drilling Completed Dec. 18, 1961
Elevation 3350 Total Depth 2079' PBDT 2055'

Top Oil/ML Pay 1896' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 1925-27', 1913-15' & 1896-98'

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 1965'

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): 68 bbls. oil, 1 bbls. water in 24 hrs, _____ min. Size 21" 80 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): Used 900 gals 15% HCL, 9000 gals 1st oil 1/2, 1st 1/2, 1st 1/2

Casing 2500 Tubing _____ Date first new _____
Press. 2600 Press. 0 oil run to tanks January 1, 1962

Oil Transporter The Pennion Corporation

Gas Transporter None - No transporter in vicinity.

Remarks: _____ **RECEIVED** JAN 10 1962

I hereby certify that the information given above is true and complete to the best of my knowledge. **O. C. C. ARTESIA, OFFICE**

Approved JAN 10 1962, 19____ **Gulf Oil Corporation**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong Title: Area Production Manager
(Signature) Send Communications regarding well to:

Title OIL AND GAS INSPECTOR Name Gulf Oil Corporation

Address Box 2167, Hebb, New Mexico