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**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mex.

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

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

New Well  
~~RECOMPLETION~~

NOV 30 1961

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 November 26, 1961  
(Place) (Date)

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

Gulf Oil Corporation Federal Holder "CR", Well No. 6, in SE  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

N 24 Sec. 24, T. 19-S, R. 30-E, NMPM, South Benson Yates 2nd Pool  
Unit Letter

Please indicate location:

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

940' FSL & 1725' FWL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>584</u>	<u>250</u>
<u>4-1/2"</u>	<u>1983</u>	<u>480</u>
<u>2-3/8"</u>	<u>1915</u>	

County Artesia Date Spudded 10-31-61 Date Drilling Completed 11-7-61  
Elevation 3268 Total Depth 2000' PBD 1956

Top Oil/~~Gas~~ Pay 1789 Name of Prod. Form. South Benson Yates

PRODUCING INTERVAL -

Perforations 1901-03', 1865-67', 1854-56', 1825-27', 1815-19', 1804-06' & 1789-91'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe \_\_\_\_\_ Tubing 1915

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): 72 bbls. oil, trace bbls. water in 24 hrs, \_\_\_\_\_ min. Size 2" NO 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): 1900 gals NE Acid & 21,000 gals oil w/ 1/40# Ado 1-11 per gal & 24 SPG

Casing 2550 Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 4000 Press. 0 oil run to tanks November 20, 1961

Oil Transporter The Permian Corporation

Gas Transporter None Gas is being vented

Remarks: \_\_\_\_\_

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

Approved NOV 30 1961, 19. \_\_\_\_\_

OIL CONSERVATION COMMISSION

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

Gulf Oil Corporation  
(Company or Operator)

By: Shirley Russell  
(Signature)

Title Area Production Manager  
Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico

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NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>	<b>FORM C-110</b> (Rev. 7-60)
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NOTE: THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Gulf Oil Corporation</b>	Lease <b>Federal Holder "CR"</b>	Well No. <b>6</b>
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Unit Letter <b>N</b>	Section <b>24</b>	Township <b>19-S</b>	Range <b>30-E</b>	County <b>Hddy</b>
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Pool <b>South Benson - Yates</b>	Kind of Lease (State, Fed, Fee) <b>Federal</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>L</b>	Section <b>24</b>	Township <b>19-S</b>	Range <b>30-E</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
<b>The Permian Corporation</b>	<b>Box 4157, Midland, Texas</b>

Is Gas Actually Connected? Yes ☐ No ☒

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:

**No gas transporter in vicinity. GAS IS BEING VENTED**

REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐

Change in Transporter (check one) Other (explain below)

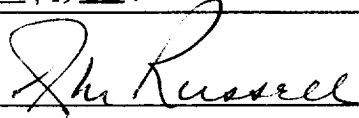
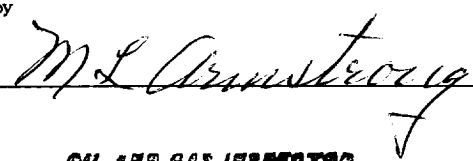
Oil ☐ Dry Gas ☐

Casing head gas ☐ Condensate ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **27th** day of **November**, 19 **61**.

OIL CONSERVATION COMMISSION	By 
Approved by 	Title <b>Area Production Manager</b>
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>Gulf Oil Corporation</b>
Date <b>NOV 30 1961</b>	Address <b>Box 2167, Hobbs, New Mexico</b>