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**NEW MEXICO OIL CONSERVATION COMMISSION**  
 Santa Fe, New Mexico  
**RECEIVED**  
**REQUEST FOR (OIL) - ALLOWABLE**  
**DEC 7 1961**

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 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      December 6, 1961  
 (Place)      (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:  
Gulf Oil Corporation Federal Holder "CR" Well No. 7, in SW 1/4 SE 1/4,  
 (Company or Operator) (Lease)  
0 Unit Letter, Sec. 24, T. 19-S, R. 30-E, NMPM., South Benson - Yates Pool

Edgy County. Date Spudded 11-12-61 Date Drilling Completed 11-20-61  
 Elevation 3337 Total Depth 2023' PBTD 2000'

Please indicate location:

D	G	B	A
E	F	G	H
L	K	J	I
M	N	● O	P

Top Oil/Gas Pay 1888-1950' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 1948-50', 1917-19', 1898-1900' & 1888-90'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Tubing 1956'

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): 72 bbls. oil, 0 bbls water in 24 hrs, \_\_\_\_\_ min. Choke Size 2" WO

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>596</u>	<u>225</u>
<u>4-1/2"</u>	<u>2008</u>	<u>500</u>
<u>2-3/8"</u>	<u>1956</u>	

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): 1200 gals 15% HCl Acid, 12,000 gals lease oil w/ 1/400 Ado M-11

Casing Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
 Press. 150 Press. 0 oil run to tanks December 1, 1961

Oil Transporter The Permian Corporation

Gas Transporter Gas to small to measure

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

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

Approved: DEC 7 1961, 19\_\_\_\_ Gulf Oil Corporation  
 (Company or Operator)

**OIL CONSERVATION COMMISSION**

By: W. A. Gressett Title: Area Production Manager  
 Send Communications regarding well to:

Title: OIL AND GAS INSPECTOR Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, New Mexico

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OPERATOR		4	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE 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>7</b>	
Unit Letter <b>0</b>	Section <b>24</b>	Township <b>19-S</b>	Range <b>30-E</b>	County <b>Eddy</b>			
Pool <b>South Benson - Yates</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks		Unit Letter <b>K</b>	Section <b>24</b>	Township <b>19-S</b>	Range <b>30-E</b>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent)  <b>Box 4157, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>  <b>None</b>		Date Connected	Address (give address to which approved copy of this form is to be sent)				

If gas is not being sold, give reasons and also explain its present disposition:

**Gas volume too small to measure**

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

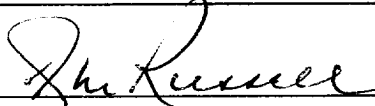
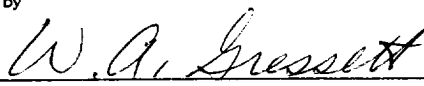
New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate . . ☐

**RECEIVED**  
**DEC 7 1961**  
**O. C. C.**  
**ARTESIA, OFFICE**

Remarks

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

Executed this the **6th** day of **December**, 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>DEC 7 1961</b>	Address <b>Box 2167, Hobbs, New Mexico</b>	