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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

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

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)

November 8, 1961
(Date)

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

Gulf Oil Corporation Federal Well "AD", Well No. **2**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. **20**, T. **24S**, R. **26E**, NMPM., **Undesignated White City Perm. Gas**

Unit Letter

Bdy

Please indicate location:

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

2400' PHL & 2444' PHL

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	458	600
9-5/8	5219	2100
7	11,399	690
2-7/8	9883	-

County. Date Spudded **5-7-60** Date Drilling Completed **8-22-60**
Elevation **3396** Total Depth **11,430** PBDT **9955**

To **Perm**/Gas Pay **9828'** Name of Prod. Form. **Perm Perm**

PRODUCING INTERVAL -

Perforations **9828-34', 9840-42', 9870-78'**
Open Hole _____ Depth _____
Casing Shoe _____ Depth _____
Tubing **9911'**

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: **3825 + 6 bbls** MCF/Day; Hours flowed _____

Choke Size **16/64"** Method of Testing: **4 point back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **18,000 gals acid**

Casing _____ Tubing **2438** Date first new _____
Press. _____ Press. **1390** oil run to tanks **11-9-61**

Oil Transporter **The Permian Corporation**

Gas Transporter **Transwestern Pipeline Co.**

Remarks:

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

Approved: **NOV 10 1961**, 19

OIL CONSERVATION COMMISSION

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

Gulf Oil Corporation
(Company or Operator)

By: **Jim Russell**
(Signature)

Title: **Area Production Manager**
Send Communications regarding well to:

Name: **Gulf Oil Corporation**
Box 2187, Hobbs, N.M.
Address