REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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.

				Durango, Col	erado	11-13-57	
ME AOE	HEBEDS	, DEOLIECT	TING AN ATTOMANTS	(Place)		(Date)	
			ING AN ALLOWABLE F				
Gulf Oil Comporation (Company or Operator)			Unaco-Federal (Lea	, Well No	1, in		
N Sec 9			T. 2hN R 9W	~/ NMPM Umme	med	_	
San Ju	173		County. Date Spudded	9-28-57	Date Drilling Complete	4 10-10-57	
Ple	ease indica	te location:	Elevation 672	Total Dep	oth 54501 P	вто 53741	
Δ .	С	ВА	Top Oil/Gas Pay 529	Name of P	rod. Form. 3rd Ga	Uup	
			PRODUCING INTERVAL -				
			Perforations 53021 -	531ht : 53331 -	53),51		
E	F	G H	Open Hole	Denth	Don	th .	
Į]]	casing Sn	Tub	ing	
L	K	JI		(not tested)		Chall	
l		` -	Natural Prod. Test:	bbls.oil,	bbls water in	Choke hrs,min. Size_	
			Test After Acid or Fract	ure Treatment (after re	covery of volume of oi	l equal to volume of	
M	N	0 P	load oil used): 110	_bbls.oil, _ bb	ls water in 28 hrs.	Choke	
I			GAS WELL TEST -	-			
-		-	Natural Prod. Test:	MCF/Day; I	Hours flowedCI	noke Size	
		demonting Reco	wed Method of Testing (pitot	, back pressure, etc.):		·	
Size	Feet	Sax	Test After Acid or Fract	ure Treatment:	MCF/Day; Ho	ours flowed	
8-5/8	300	225	Choke Size Meth				
8-5/8 3(19 225		223					
5-1/2	5404	160	Acid or Fracture Treatmer			id, water, oil, and	
			sand): 24,000 gallo	ns oil, 21,000# :	sand.		
2-3/4	2-3/4 5355		Casing Tubing Press. Press.	oil run to tank	10-26-57		
			Oil Transporter R Pag				
			Gas Transporter				
emarks:						4	
	1.	•			/ 6	10/	
*************	**************	•••••••••••••••••••••••••••••••••••••••	***************************************	······································	······································	Co	
			•••••			360 S S S	
			ormation given above is tru	~	our or my mionional		
pproved	••••••	***************************************	NOV 1 9 1957 , 19	Gulf 011	Corporation	4	
					(Company of Operator) W. D. MITCHE	D B	
0	IL CONS	ERVATION	COMMISSION	By:			
0.1.	inal Cia	ned Fimer	y C. Arnold		(Signature)		
			1 ~ 1 m m m		uction Superint		
فرد د ماه	ervisor L'is	t. # 3		Send Con	nmunications regardin	g wen to:	
	************	. ,	•••••••••••••••	NameProdDs	pt., P. O. Box	38	
				AddressDurang	o,Colorade		

	OIL COMSTRUCTION COMMISS
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