

RECEIVED	SECTION
TRANSPORTER	OIL GAS
PERMITS OFFICE	OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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.

Salt Lake City, Utah

2-14-61

(Place)

(Date)

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

Gulf Oil Corporation **Blackrock Federal**, Well No. 1, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. 20, T. 26N, R. 11W, NMPM., Gallegos-Gallup Pool
Unit Letter

San Juan

County. Date Spudded 11-24-56 Date Drilling Completed 12-14-56

Please indicate location:

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

Elevation 6155' DF Total Depth 5302' PBD 5294'

Top Oil/Gas Pay 5026' Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5174'-5200', 5154'-5174', 5096'-5130', 5036'-5068'

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs., _____ min. Size _____

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: 970 MCF/Day; Hours flowed 24

Choke Size Variable Method of Testing: Open Flow

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Treated perfs 5154'-5200' w/500 gal MCA, fraced w/29733 gal oil and 35049# sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Co

Remarks: _____

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

Approved. FEB 17 1961

APR - 9 1968

DIST. 3

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Gulf Oil Corporation

(Company or Operator)

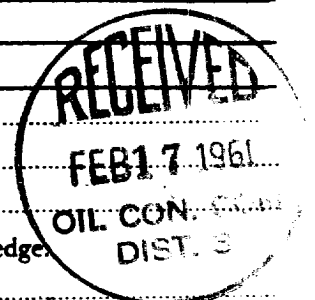
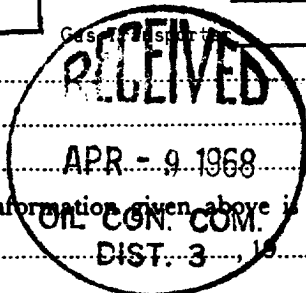
By: [Signature]
(Signature)

Title Area Production Manager

Send Communications regarding well to:

Name Production Department

Address Box 1346, Salt Lake City, Utah



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
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CONSERVATION		/