

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 7-30-58
(Place) (Date)

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

Gulf Oil Corporation Lea State CL "A", Well No. 1, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G 2 T. 16, R. 32, NMPM., Anderson Ranch-Wolfcamp Pool
Unit Letter

Lea County. Date Spudded 9-13-56 Date Drilling Completed 12-29-56

Please indicate location:

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

Elevation 4309 Total Depth 13,395' FBTD
Top Oil/Gas Pay 9628' Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 9628-9842'

Open Hole _____ Depth _____ Casing Shoe 13,395' Depth _____ Tubing 9857'

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): 145 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 13/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sex
<u>13-3/8"</u>	<u>598'</u>	<u>700</u>
<u>9-5/8"</u>	<u>4183'</u>	<u>2550</u>
<u>7"</u>	<u>13348'</u>	<u>1385</u>
<u>2-3/8"</u>	<u>9857'</u>	<u>-</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): 500 gallons mud acid

Casing Press. 470# Tubing Press. 1250# Date first new oil run to tanks 7-28-58

Oil Transporter Gulf Refining - Western Division

Gas Transporter Valley Gas Corporation

Remarks: It is requested this well be placed on proration schedule effective 7-28-58

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

Approved _____, 19____

Gulf Oil Corporation

(Company or Operator)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title: Area Production Supt.
Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Address: Box 2167 - Hobbs, New Mexico