NEW MEXICO OIL CONSERVATION COM' SSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

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 .... November 19, 1957
(Place) .... (Date)

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

Gulf Oil Corporation   J. F. Janda "F"   , Well No. 14   , in NE ¼ NE ¼,
(Company or Operator)   (Lease)

A   , Sec. 4   , T. 22-S   , R. 36-E   , NMPM.,   South Eunice   Pool
Unit Letter

Lea   County. Date Spudded 10-23-57   Date Drilling Completed 11-3-57

Please indicate location:

Elevation 3587'   Total Depth 3860'   PBTD 3856'

Top Oil/Gas Pay 3776'   Name of Prod. Form. Queen

PRODUCING INTERVAL —

Perforations 3776-3846'

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

Open Hole_____ Casing Shoe 3859'   Tubing 3846'
Depth / Depth

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 load oil used): 132 bbls.oil, 14 bbls water in 24 hrs, ____min. Size 16/64" Choke

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:_____MCF/Day; Hours flowed_____

Choke Size_____Method of Testing:_____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	406'	325
5-1/2"	3347'	1350
2-3/8"	3834'	

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. mud acid   24,000 gals. ref. oil with 1# S.O

Casing   Tubing   Date first new
Press._____ Press._____ oil run to tanks 11-17-57

Oil Transporter Shell Pipeline Corp.

Gas Transporter_____

Remarks: It is requested that this well be placed in the proration Schedule effective November 17, 1957.

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)

OIL CONSERVATION COMMISSION   By:_____
                                              (Signature)

By:_____   Title Ass't Area Supt. of Prod.

Title_____   Send Communications regarding well to:

Name Gulf Oil Corporation
     Box 2167, Hobbs, New Mexico
Address_____