

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico **April 14, 1955**
(Place) (Date)

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

Gulf Oil Corporation **Eddy State "A0"**, Well No. **1**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$
Company or Operator (Lease)
D Sec. **36**, T. **26-S**, R. **31-E**, NMPM., **North Mason Delaware** Pool
Unit
Eddy County. Date Spudded **2-25-55**, Date Completed **3-28-55**

Please indicate location:

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Elevation **3116'** Total Depth **4124'** P.B. **-**
Top oil/gas pay **4077'** Name of Prod. Form **Delaware**
Casing Perforations: _____
Depth to Casing shoe of Prod. String **4075'**
Natural Prod. Test _____ BOPD
based on _____ bbls. Oil in _____ Hrs. _____ Mins.
Test after acid or shot **193** BOPD
Based on **193** bbls. Oil in **24** Hrs. _____ Mins.
Gas Well Potential _____
Size choke in inches **20/64"**
Date first oil run to tanks or gas to Transmission system: **April 11, 1955**
Transporter taking Oil or Gas: **Gulf Oil Corp. - Grade Oil Purch. Dept.**

Casing and Cementing Record

Size	Feet	Sax
8-5/8"	944'	500
5-1/2"	4061'	400

Remarks: **It is requested that this well be placed in the Proration Schedule effective May 1, 1955.**

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

Approved _____, 19____

OIL CONSERVATION COMMISSION
By: **L. A. Hanson**
Title _____

Gulf Oil Corporation
(Company or Operator)
By: **[Signature]**
(Signature)
Title **Asst. Area Supt. of Prod.**
Send Communications regarding well to:
Name **Gulf Oil Corporation**
Address **Box 2167, Hobbs, N. M.**

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