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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Santa Fe, New Mexico**  
**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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

New Well  
**22222222**

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**      **December 11, 1961**  
(Place)      (Date)

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

**Gulf Oil Corporation** Chaves State **MCN**, Well No. **1**, in **NE NE**  $\frac{1}{4}$   $\frac{1}{4}$ ,  
(Company or Operator)      (Lease)

**A**, Sec. **23**, T. **13-S**, R. **31-E**, NMPM., **Caprock - Queen** Pool  
Unit Letter      County. Date Spudded **1-2-56**      Date Drilling Completed **1-9-56**  
**Chaves**      Elevation **1406**      Total Depth **3071**      PBTD **--**

Please indicate location:

D	C	B	A ●
E	F	G	H
L	K	J	I
M	N	O	P

**660' FNL, 660' FEL**

Top Oil/TS Pay **3036**      Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3036-40'**

Open Hole      Depth Casing Shoe      Depth Tubing **3051'**

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): **8** bbls. oil, **9** bbls water in **24** hrs, \_\_\_\_\_ min. Size **2" WO** 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: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **None**

Casing Press. **10#**      Tubing Press. **10#**      Date first new oil run to tanks **December 1, 1961**

Oil Transporter **Gulf Oil Corporation Grude Oil Dept. Trucks**

Gas Transporter **None - Producing into Test Tank**

Remarks:

**Well has never produced - was completed dry. Has been carried as I/A. Ramping equipment has now been installed.**

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: *Jim Russell*  
(Signature)

Title: **Area Production Manager**  
Send Communications regarding well to:

Name: **Gulf Oil Corporation**

**Box 2167, Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

Title \_\_\_\_\_

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Gulf Oil Corporation</b>	Lease <b>Chaves State "C"</b>	Well No. <b>1</b>
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Unit Letter <b>A</b>	Section <b>23</b>	Township <b>13-S</b>	Range <b>31-E</b>	County <b>Chaves</b>
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Pool <b>Caprock - Queen</b>	Kind of Lease (State, Fed, Fee) <b>State</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>A</b>	Section <b>23</b>	Township <b>13-S</b>	Range <b>31-E</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
<b>Gulf Oil Corporation - Crude Oil Dept. Trucks</b>	<b>Box 2097, Denver, Colorado</b>

Is Gas Actually Connected? Yes \_\_\_\_\_ No ☒

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)

If gas is not being sold, give reasons and also explain its present disposition:

**Producing into Test Tank - Waiting on Tank Bary Construction**

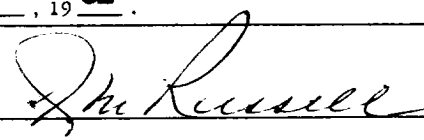
**REASON(S) FOR FILING** (please check proper box)

New Well ..... <input checked="" type="checkbox"/>	Change in Ownership ..... <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **11th** day of **December**, 19 **61**.

OIL CONSERVATION COMMISSION		By
Approved by		
Title		<b>Area Production Manager</b>
	Company	<b>Gulf Oil Corporation</b>
Date	Address	<b>Box 2167, Hobbs, New Mexico</b>