

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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 January 26, 1956
(Place) (Date)

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

Gulf Oil Corporation W. M. Tulk, Well No. 8, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
H., Sec. 25, T. 13-S, R. 31-E, NMPM, Caprock-Queen Pool
(Unit)
Chaves County. Date Spudded 1-4-56, Date Completed 1-12-56

Please indicate location:

			o

Elevation 4392' DB Total Depth 3076, P.B. -

Top oil/gas pay 3058' Name of Prod. Form Queen

Casing Perforations: _____ or

Depth to Casing shoe of Prod. String 3058'

Natural Prod. Test _____ BOPD

based on _____ bbls. Oil in _____ Hrs. _____ Mins.

Test after acid or shot 151 BOPD

Based on 151 bbls. Oil in 24 Hrs. _____ Mins.

Gas Well Potential _____

Size choke in inches _____

Date first oil run to tanks or gas to Transmission system: 1-24-56

Transporter taking Oil or Gas: Texas-New Mexico Pipeline Company

Casing and Cementing Record

Size Feet Sax

<u>8-5/8"</u>	<u>285'</u>	<u>175</u>
<u>4-1/2"</u>	<u>3048'</u>	<u>75</u>

Remarks: It is requested that this well be placed in the Proration Schedule effective 1-24-56.

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 Supt. of Prod.
Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico