

MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Re-completion~~

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

9-6-57

(Place)

(Date)

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

Federal Hopp "A" (NCT-B)

(Company or Operator)

(Lease)

Well No. 1, in SE 1/4 SW 1/4,

Sec. 8

T. 14-S

R. 31-E

NMPM, Carrizosa

Pool

Unit Letter

Chaves

County. Date Spudded. 8-6-57

Date Drilling Completed 8-12-57

Please indicate location:

Elevation 4,086' Total Depth 2,707' PBD 2,698'

Top Oil/Gas Pay 2,686' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 2686'-2693'

Open Hole Depth Casing Shoe 2706' Depth Tubing 2688'

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): 105 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 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):

250 Gals. Mud Acid 10,000 Gals. Loe. Oil w/ 1# SPG

Casing Tubing Date first new

Press. 2200# Press. 100# oil run to tanks 9-1-57

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter

Remarks: It is requested that this well be placed on proration schedule effective 9-1-57.

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: S. F. Joy Sr.

(Signature)

By:

Title Area Supt. of Production

Send Communications regarding well to:

Title

Name Gulf Oil Corporation

Address Box 2167 - Hobbs, New Mexico