

REQUEST FOR (OIL) - (~~UNO~~) 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

May 27, 1959

(Place)

(Date)

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

Gulf Oil Corporation Stella Zimmerman (NCT-B), Well No. 6, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
E, Sec. 21, T. 14-S, R. 31-E, NMPM., Caprock Queen Pool
Unit Letter

Chaves

County. Date Spudded 5-11-59

Date Drilling Completed 5-18-59

Please indicate location:

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

1980' FWL & 660' FWL

Elevation 4174' Total Depth 2876' FBTD 2870'

Top Oil/~~Pay~~ 2841' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 2841-43'

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 2843'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 37 bbls. oil, 4 bbls water in 12 hrs, _____ min. Size 2"

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): 10,000 gals lse oil, 1/40# Adomite, 1 1/2# SPG.

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks May 26, 1959

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter _____

Remarks: _____

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: _____

Title _____

By: _____
(Signature)

Title Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico