

# 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 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 7-12-58

(Place)

(Date)

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

Gulf Oil Corporation Maud Saunders, Well No. 4, in NW 1/4 SW 1/4,

(Company or Operator)

(Lease)

L  
Unit Letter

Lea

T 14

R 33

NMPM,

Saunders

Pool

Please indicate location:

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

County. Date Spudded 5-20-58

Date Drilling Completed 7-5-58

Elevation 4199'

Total Depth 10,010' PBD 9980'

Top Oil/Gas Pay 9844'

Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 9844-9940'

Open Hole -

Depth Casing Shoe 10,010'

Depth Tubing 9951'

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): 274 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 11/64" Choke

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	400'	500
8-5/8"	4263'	3300
5-1/2"	9992'	450
2-3/8"	9939'	-

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): 500 gallons 15% non emulsion acid

Casing 0# pkr Tubing 250# Date first new 7-10-58  
Press. 0# pkr Press. 250# oil run to tanks

Oil Transporter Gulf Refining - Western Division

Gas Transporter Warren Petroleum Corporation

Remarks: It is requested this well be placed on proration schedule effective 7-10-58

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: *[Signature]*

(Signature)

Title Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167 Hobbs, New Mexico

By: *[Signature]*

Title \_\_\_\_\_