

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE~~XXXXXXXX~~

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

October 24, 1962

(Place)

(Date)

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

Gulf Oil Corporation Lea State "AV" Well No. 2, in SW 1/4 NW 1/4,  
(Company or Operator) (Lease)

E, Sec. 19, T. 12-S, R. 38-E, NMPM, Gladiola Wolfcamp Pool

U.S. Letter

Lea

County, Date Spudded

Recompleted 10-10-62

Please indicate location:

Elevation 3876

Total Depth 11,955 FHTD 9635

Top Oil/Gas Pay 9400

Name of Prod. Form. Wolfcamp

## PRODUCING INTERVAL -

Perforations 9400-9406', 9506-14', 9548-66', 9982-88'

Open Hole

Depth Casing Shoe 11,885 Depth Tubing 9368

## OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 86 bbls. oil, 61 bbls. water in 2 1/2 hrs. min. Choke Size 2" WO

## 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): Acidized with 8000 gals 15% NE Acid

Casing Press. 700 Tubing Press. 5400 Date first new oil run to tanks 10-14-62

Oil Transporter The Permian Corporation

Gas Transporter None - Producing into test tank, waiting on TB const.

Remarks:

Abandoned Devonian and recompleted in Gladiola Wolfcamp

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)

Title:

Area Production Manager

Send Communications regarding well to:

Name:

Gulf Oil Corporation

OIL CONSERVATION COMMISSION

By: Joe W. Ramsey

Title: