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 Gus 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 7:30 AM 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. Sentember 30 1957

				(Place) (Date)
WE AR	E HERE	EBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
(Company or Operator)				Lea State "AY" , Well No4 , inSE
Vall	Letter	·		, T.12-S., R.38-E., NMPM., Gladiola Devonian Pool
Lea Please indicate location:				County. Date Spudded. 6-27-57. Date Drilling Completed 9-12-57 Elevation 3885! Total Depth 12,000! PBTD 11998!
D	C	В	A	Top 011/2 Pay 179601 Name of Prod. Form. Dayonain PRODUCING INTERVAL -
-	•	G	H	Perforations 11.960-119971
E	0		*	Open Hole Casing Shoe 12,000 Tubing 11,989*
L	K	J	I	Choke Netural Prod. Test: 155 bbls.oil,bbls water inhrs,min. Size 7/64
H	R	6	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):bbls.oil,bbls water inhrs,min. Size
				GAS WELL TEST -
		··	····	Natural Prod. Test: MCF/Day; Hours flowedChoke Size
Sublag	Casing a	and Come	nting Recor	Method of Testing (pitot, back pressure, etc.):
Sim	r 1	Feet	Sar	Test After Acid or Fracture Treatments MCF/Day; Hours flowed
13-3	3/8 2	5481	1100	Choke SizeHethod of Testings
8-9	8-5/8 4517		1940	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
5-1	5-1/2 119881		1600	sand): Casing Tubing Date first new Pressoil run to tanks 9-26-57
2-3	2-3/8 11978			011 Transporter Service Pinaline Co.
Remark		It	is requ	Gas Transporter
**********	•••••••	efi	ective :	September 26, 1957.
	ereby ce	 rtifu tà	at the info	rmation given above is true and complete to the best of my knowledge.
Approve	:d	SE	P 30 1	Gulf Oil Corporation (Company or Operator)
	OIL C	onser	VATION	COMMISSION By: (Signature)
B.	,	- //	Wille.	Title Area Supt. of Prod.
oy:		or Dis		Send Communications regarding went to:
Title		••••••		Name Gulf Oil Corporation
				Box 2167, Hobbs, New Mexico