

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

2-27-58

(Place)

(Date)

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

Gulf Oil Corporation

Lea State "R" NCT-A

1

NE

NE

(Company or Operator)

(Lease)

Well No.

in

1/4 NE 1/4

Unit

Sec. **2**

T. **16S**

R. **32E**

NMPM.

Anderson Ranch-Devonian

Pool

Lea

County. Date Spudded **11-3-57**

Date Drilling Completed **2-15-58**

Please indicate location:

Elevation **4314'**

Total Depth **13,420'**

FBTD **13,391'**

Top Oil/Gas Pay **13,368'**

Name of Prod. Form. **Devonian**

PRODUCING INTERVAL -

Perforations **-**

Open Hole **13,368-13,391'**

Depth Casing Shoe **13,368'**

Depth Tubing **13,383'**

OIL WELL TEST -

Natural Prod. Test: **456** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke Size **30/64"**

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

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): **None**

Casing Tubing Date First new
Press. _____ oil run to tanks **2/27/58**

Oil Transporter **Gulf Refining - Western Division**

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	SAX
13-3/8"	591'	725
9-5/8"	4156'	2770
7"	13368'	1152
2-3/8"	13383'	-

Remarks: **It is requested this well be placed on preration schedule effective 2-27-58.**

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: **E. J. Janko**

(Signature)

By: _____

Title

Area Supt. of Production

Send Communications regarding well to:

Title _____

Gulf Oil Corporation

Name _____

Box 2167 - Hobbs, New Mexico

Address _____