

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

~~RECOMPLETION~~
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 April 24, 1959
(Place) (Date)

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

Gulf Oil Corporation L. R. Chamberlain, Well No. 2, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

C, Sec. 14, T. 15-S, R. 37-E, NMPM., Denton Wolfcamp Pool
Unit Letter

Lea County. Date Spudded 4-5-51 Date recompletion finished 4-24-59
Date Drilling Completed 11-16-51

Please indicate location:

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

660' FNL & 1980' FWL

Tubing, Casing and Cementing Record

Size	Feet	SAX
<u>13-3/8"</u>	<u>347'</u>	<u>340</u>
<u>9-5/8"</u>	<u>4705'</u>	<u>2000</u>
<u>7-5/8"</u>	<u>11,845'</u>	<u>680</u>
<u>5-1/2"</u>	<u>967'</u>	<u>76</u>

Elevation 3805' GL Total Depth 12,841' FBTD 11,723'

Top Oil/~~Gas~~ Pay 9056' Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 9056-59', 9068-72', 9078-80', 9084-86' & 9089-91'.

Open Hole Depth Casing Shoe Depth Tubing 9043'

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): Subd 176 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size _____ Choke

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): 4000g 15% NE acid

Casing Tubing 4100- Date first new Press. 800 Appl Press. 3100# oil run to tanks April 24, 1959

Oil Transporter Gulf Refining Co.

Gas Transporter Atlantic Refining Co.

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)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title Area Production Supt.
Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Address Box 2167, Hobbs, N. M.