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# 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 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

November 6, 1962

(Place)

(Date)

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

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

L, Sec. 13, T. 18-S, R. 36-E, NMPM., Arkansas Junction - Queen Pool  
Unit Letter

Lea

County. Date Spudded ~~10-18-62~~ 10-8-62 Date Drilling Completed 10-16-62

Elevation 3780 Total Depth 4500 FBTD 4470

Top ~~Gas~~ Gas Pay 4402 Name of Prod. Form. Queen

### PRODUCING INTERVAL -

Perforations 4402-4415'

Open Hole -- Depth Casing Shoe 4500 Depth Tubing 4370'

### 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 Choke load oil used): bbls. oil, bbls. water in hrs, min. 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: 1080 MCF/Day; Hours flowed 24

Choke Size 18/64" Method of Testing: Orifice well tester

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acidized with 500 gals 15% HCl & Acid frac w/5000 gal TG Acid, cont. 1/4" to 1-1/2" SFG

Casing Tubing 4000 Date first new Press. 570 oil run to tanks

Oil Transporter

Gas Transporter

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)

Title Area Production Manager

Name Send Communications regarding well to:  
Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title