

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
(Place)

August 27, 1957
(Date)

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

Gulf Oil Corporation J. R. Holt "D" Well No. 1, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

C, Sec 36, T 18-S, R 37-E, NMPM, Hobbs Pool
Unit Letter

Lea

County Date Spudded 6-6-57

Date Drilling Completed 6-25-57

Please indicate location:

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

Elevation 3670' Total Depth 4275' PBD 4273'

Top Oil/Water Pay 4242' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4242-4272'

Open Hole Depth Casing Shoe 4275' Depth Tubing 4265'

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): 20 bbls, oil, 4 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): 12,000 gals. acid 10,000 gals gelled lsa oil with 1/4 S-G.

Casing Tubing Date first new Press. oil run to tanks 8-16-57

Oil Transporter Shell Pipeline Corp.

Gas Transporter

Remarks: It is requested that this well be placed in the Proration Schedule effective August 16, 1957.

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: C. F. Taylor
(Signature)

OIL CONSERVATION COMMISSION

By:

Title: Area Supt. of Prod.
Send Communications regarding well to:

Title:

Name: Gulf Oil Corporation
Box 2167, Hobbs, New Mexico

Address: