

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)

September 27, 1957
(Date)

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

Gulf Oil Corporation Don W. Hardin, Well No. 3, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. 18, T. 18-S, R. 38-E, NMPM, Hobbs Pool

Unit Letter
Lea

Please indicate location:

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

County. Date Spudded 8-30-57 Date Drilling Completed 9-14-57
Elevation 3670' Total Depth 4200' PBTD 4197'

Top Oil/Gas Pay 4094' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4094-4146'

Open Hole - Depth - Casing Shoe 4197' Depth Tubing 4136'

OIL WELL TEST -

Natural Prod. Test: - bbls. oil, - bbls water in - hrs, - min. Choke Size -

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 150 bbls. oil, 0 bbls water in 24 hrs, 0 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): 10,000 Gal. 24 Gravity Oil w/ 1# SPG

Casing Press. 0 Tubing Press. 500# Date first new oil run to tanks 9-26-57

Oil Transporter Shell Pipeline Co.

Gas Transporter -

Remarks: It is requested this well be placed on production schedule with allowable effective September 26, 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: E. F. J. [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title -

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

Name Gulf Oil Corporation

Address Box 2167 - Hobbs, New Mexico