

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

May 21, 1959

(Place)

(Date)

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

Gulf Oil Corporation  
(Company or Operator)

Dan W. Hardin  
(Lease)

Well No. 5, in NW 1/4 SE 1/4,

J, Sec. 18, T. 18-S, R. 38-E, NMPM, Hobbs Pool

Lea

County. Date Spudded 4-27-59

Date Drilling Completed 5-8-59

Please indicate location:

Elevation 3666' GL Total Depth 4170' FBTD 4165'

Top Oil/Gas Pay 4052' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4052-54', 4062-64', 4072-74', 4086-88', 4092-94', & 4105-07'.

Open Hole Depth Casing Shoe Depth Tubing 4104'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 58 bbls. oil, 0 bbls. water in 24 hrs, min. Size 12/64"

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):

20,000 gals ref oil, 1/40# Adomite & 1-2# SPG.

Casing 3600- Tubing Date first new Press. 4000# Press. oil run to tanks May 14, 1959

Oil Transporter Shell Pipeline Corporation

Gas Transporter Phillips Petroleum Co.

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: , 19

OIL CONSERVATION COMMISSION

By: [Signature]

Title:

Gulf Oil Corporation

(Company or Operator)

By: [Signature] (Signature)

Title: Area Production Supt.

Send Communications regarding well to:

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, New Mexico