NUMBEN OF COP .8 RECEIVED CISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE OFFATOR.

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (CAS) ALLOWAPLE

New Well

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.

					Hobba, New Maxies Cotober (Place) (Date	
WE A	RE HI	EREBY R	EQUESTI	NG AN ALLOWABLE FO	OK A WELL KNOWN AS:	- /
Gulf Oil Corporation				Les State "By"	35, Well No	I¼,
X ,	(Com	, Sec	perator)	(Lease) , T	は は は は は は は は は は は は は は	Pool
•				County. Date Spudded	9-11-62 Date Drilling Completed 9-23-	62
		indicate			Total Depth 5160 PBTD 675	
D	To	В		Top Oil Pay 1957	Name of Prod. Form.	
	"		^	PRODUCING INTERVAL -		
E	F		+	Perforations 1957		
	•	G	H	Open Hole	Depth Casing Shoe 5098 Tubing 5006	
	<u> </u>			OIL WELL TEST -		
L	K	J	I	Natural Prod. Test:	bbls.oil,bbls water inhrs,min	Choke Size
					re Treatment (after recovery of volume of oil equal to vo	_
M	N	0	P		Ch bbls.oil,bbls water in1 hrs,min. Si	aka
				GAS WELL TEST -		
1980	18Lee	2180 F	L_	Natural Prod. Test:	MCF/Day; Hours flowedChoke Size	
Lubing	(Fi	OTAGE) ag and Com	enting Recor		back pressure, etc.):	
Su	•	Feet	Sax	,	re Treatment: MCF/Day; Hours flowed_	
<u> </u>	40m		4 -4	Choke Size Method		
8-5	/8 *	152	65			
4-2	/2=	5098 1	250	Acid or Fracture Treatment sand): 2000	(Give amounts of materials used, such as acid, water, or	il, and
2-3	/8=	Sout t				
				1	Permian Corporation	
				Gas Transporter		
Remarl	ks:		***			
• · · • • • • • • • • • • • • • • • • •			•••••	***************************************		
******		·	***************************************			
II	hereby	certify th	at the info	rmation given above is true	and complete to the best of my knowledge.	
				, 19	Oulf Oil Corporation	
- •		<i></i>			(Company or Operator)	
	OH	CONSE	RVATION	COMMISSION	By: (Signature)	
. /	//	1//		7	Title Area Production Menager	
By <i></i> Title	rtf,				Send Communications regarding well to: Name Culf Old Corporation	
. 1 .16	••••••				Name Box 2167, Hebbs, New Merico	