ML 4BER OF COP. -S RECEIVED CISTRIBUTION SANTA FE FILE U.S. S. LAND OPFICE TRANSPORTER GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mex

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

HED ULL

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.

				Hobbs, New Mexico July 9, 1963 (Place) (Date)
				ING AN ALLOWABLE FOR A WELL KNOWN AS: Lea State *KN**, Well No. 1, in. 108 1/4, 108 1/4,
				(Lease) , T. 17-8, R. 37-8, NMPM., Midney Abo Pool
Unit	T miles			County Date Spudded 5-4-63 Date Drilling Completed 7-2-63
P			ocation:	Elevation 3761 Total Depth PBTD PBTD
D	C	В	A	Top Oil/ Pay 8800 Name of Prod. Form. Abs
E	F	G	H	Perforations 8800, 8812, 8832, 8815, 8858, 8869, 8884, 8900, 8910/ Open Hole Depth Casing Shoe 9010 Depth Tubing 8794
L	K	J	I	OIL WELL TEST - Choke Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
М	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Chok load oil used): bbls.oil, bbls water in hrs, min. Size
	L, 330	AGE)	Adv. Base	GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke Size
	,Casing		nting Reco	Method of Testing (pitot, back pressure, etc.):
13-3	/8=	329	286	Choke Size Method of Testing:
8-5,	/8* 3	586_	250	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):
5-1,	/2" 8	998	250	Casing Tubing 2600 Date first new Press. Press. 2600 oil run to tanks July 8, 1963
2-3	/8 m 8	794		Gas Transporter None - Producing in test tank
lemark:	s:			
				formation given above is true and complete to the best of my knowledge. Gulf Oil Corporation (Company or Operator)
	OIL C	ONSE	RVATION	N COMMISSION By: (Signature)
By: _/	AL	1		Title Send Communications regarding well to: Name Gulf Oil Curporation
e		•••••	•••••	Address Box 670, Hubbs, New Mexico

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
299: 40	30 3470	10 4948'	15 8052
H72' + 0	÷ 3705°	12 5041	12 5246
40 792'	3935	1:0 5138	72° 8400°
÷ 1096	30 11241	10 5-301	42 5617
40 /282	10 4653	10 5695	43 5815
40 1499	30 5010	3 5960	4 9005
1718	30 5121	3 6327	
4 1905	10 5464	3° 6610.	
4 2055	10 5750	60 6805	
= 2310	220 3742 4 10E	7151	
30 2529	130 3762 N.W	2 7366	
2636	22° 3819'	4 7460	
2 28 41	130 HONG.	10 7615	
2 3000	25" 4255"	12° 7776'	
40 3157	20 4351	* -	
3315'	13" 4696 Drilling	ng Contractor (20)	200 Hrly Co Inc
		Par /	1111 12

Subscribed and sworn to before me this Lath day of

My Commission Expires:

Most Shiley Mother Sommon Notary Public Shew Medico