

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 January 5, 1960
(Place) (Date)

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

Gulf Oil Corporation Lea State "IR" Well No. 4, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)
L, Sec. 22, T. 19-S, R. 35-E, NMPM, Pearl Queen 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 12-11-59 Date Drilling Completed 12-24-59
Elevation 3760' Total Depth 4980' PBD 4970'

Top Oil/Gas Pay 4819' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4819-21' & 4957-59'

Open Hole Depth Casing Shoe Depth Tubing 4930'

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): 285 bbls. oil, 0 bbls water in 19 hrs, - min. Size 30/64" 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): 10,000 gals refined oil, 1/40# Adomite & 1-3# SPG.

Casing 3200- Tubing Date first new Press. 3500# oil run to tanks January 1, 1960

Oil Transporter Shell Pipeline Corporation

Gas Transporter Warren Petroleum Corp.

Remarks:

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

Approved: J. M. [Signature], 19

OIL CONSERVATION COMMISSION

By: [Signature] Engineer District 1

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, N. Mex.