

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

January 28, 1959

(Place)

(Date)

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

Gulf Oil Corporation

Lea State "AQ"

Well No. 1, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A

Sec. 32

T. 19-S

R. 35-E

NMPM,

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded. 12-18-58

Date Drilling Completed 1-6-59

Please indicate location:

Elevation 3736' GL

Total Depth 4970' FSTD 4965'

Top Oil/Gas Pay 4772'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4772-4782' & 4926-4932'

Open Hole Depth Casing Shoe Depth Tubing 4932'

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): 77 bbls. oil, 2 bbls. water in 19 hrs, 0 min. Size Ppg 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. ref. oil, 1/10% Adomite per gal, 1-3# SPG

Casing Tubing 6500' Date first new Press. Fkr Press. 6200' oil run to tanks January 26, 1959

Oil Transporter Hobbs Pipeline Corporation Persian Oil Co.

Gas Transporter

Remarks:

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:

(Signature)

OIL CONSERVATION COMMISSION

Title Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico

Title