

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 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 the well 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 gas is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico August 26, 1959
(Place) (Date)

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

Gulf Oil Corporation Lea State "AQ" Well No. 3, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

0, Sec. 32, T. 19-S, R. 35-E, NMPM, Pearl Queen Pool
Unit Letter

Lea County. Date Spudded 7-20-59 Date Drilling Completed 8-5-59
Elevation 3731' Total Depth 4985' PBD 4919'

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Lease Pay 4785' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4785-87', 4930-32'

Open Hole Depth Casing Shoe 4985' Depth Tubing 4877'

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): 105 bbls. oil, 0 bbls water in 16 hrs, min. Size 3/4"

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): 12,600 gals lease oil, 1/4# FL-2, 1-2# SPG

Casing 4100- Tubing Date first new

Press. 3600# Press. oil run to tanks August 8, 1959

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: , 19

Gulf Oil Corporation
(Company or Operator)

By: J. M. Russell
(Signature)

OIL CONSERVATION COMMISSION

Title Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico

By: J. M. Russell

Title