

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

April 4, 1960

(Place)

(Date)

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

Gulf Oil Corporation

Lee State "BO"

Well No. 5, in SW 1/4 NW 1/4,

(Company or Operator)

(Lease)

Sec. 33, T. 19-N, R. 35-E, NMPM., Pearl Queen Pool

Unit Letter

Lee

County. Date Spudded. 3-2-60

Date Drilling Completed 3-17-60

Please indicate location:

Elevation 3719' Total Depth 4985' PBTD 4960'

Top Oil Pay 4802' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4802-04', 4904-06' & 4950-52'

Open Hole Depth Casing Shoe Depth Tubing 4920'

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): 55 bbls. oil, 13 bbls water in 24 hrs, min. Size 2" WO

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): 15,000 gals refined oil, 1/40# Adomite & 1-3/4" SPG

Casing 2200# Tubing Date first new Press. oil run to tanks April 1, 1960

Oil Transporter Shell Pipeline Corp.

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)

OIL CONSERVATION COMMISSION

By: (Signature)

Area Production Manager

Title

Send Communications regarding well to:

Gulf Oil Corporation

Name

Box 2167, Hobbs, N. M.

Address

By: (Signature)

Title