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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 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

November 22, 1961

(Place)

(Date)

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

Gulf Oil Corporation

G. C. Matthews

Well No. 6

in NE 1/4 SE 1/4

(Company or Operator)

(Lease)

I, Sec. 6, T. 20S, R. 37E, NMPM., Monument McKee Gas Pool

Lea

County. Date Spudded 4-1-61

Date Drilling Completed 6-6-61

Please indicate location:

Elevation 3574

Total Depth 9920

PBTD 9872

Top Oil/Gas Pay 9746'

Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations 9746-57', 9761-71', 9775-85', 9788-94', 9800-12'

Open Hole Depth 9808

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: 46,500 MCF/Day; Hours flowed 24 Choke Size _____

Method of Testing (pitot, back pressure, etc.): 2" prover

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): None

Casing Tubing Date first new Press. 0-Hr. Press. 24,854 oil run to tanks

Oil Transporter Gulf Refining Company

Gas Transporter El Paso Natural Gas Company

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

By: _____

Title: Area Production Manager

Send Communications regarding well to:

Title: _____

Name: Gulf Oil Corporation

Box 2167, Hobbs, N.M.