

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

March 10, 1960

(Place)

(Date)

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

Gulf Oil Corporation

J. N. Carson (NCT-A)

11

NE

SW

(Company or Operator)

K

Sec. 28

T. 21-S

(Lease)

R. 37-E

NMPM.

Wants Abo

Pool

Unit Letter

Lea

Date recompleted 12-24-59

Please indicate location:

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

2086' FS & WL

Tubing, Casing and Cementing Record

Size	Feet	Size
13-3/8"	299'	300
9-5/8"	2800'	1300
7"	7694'	700
2-3/8"	7218'	--

County. Date Spudded

Elevation 3454' GL

Date Drilling Completed

7695'

PBTD

7292'

Total Depth

Top Oil/Gas Pay 7147'

Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 7147-58', 7122-30' & 7208-26'

Open Hole

Depth

Casing Shoe

Depth

Tubing

7218'

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): 253 bbls. oil, 0 bbls. water in 24 hrs, min. Size 14/64"

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): 6000 gals Dowell's XL & W acid

Casing 3700- Date first new March 1, 1960

Press. 3100# run to tanks

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