

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
REGISTRATION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexi

(Form C-104)  
Revised 7/1/57

## REQUEST FOR (OIL) - ~~WATER~~ ALLOWABLE

~~XXXXX~~  
New Well  
Recompletion

This form must 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**  
(Place)

**2-13-61**  
(Date)

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

**Gulf Oil Corporation** **J. N. Carson "C"**, Well No. **6**, in **SE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**P** **28**, T **21S**, R **37E**, NMPM, **Penrose Skelly** Pool  
Unit Letter Dually completed 1-31-61

**Lea**

County **Lea** Date Spudded **3/4/61** Date Drilling Completed **5/9/61**  
Elevation **3446'** Total Depth **7500'** PBD **5971'**

Please indicate location:

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

Top Oil ~~Box~~ Pay **3680** Name of Prod. Form **Grayburg**

### PRODUCING INTERVAL -

Perforations **3736', 3719', 3701', 3687', 3680'**

Open Hole **3670'** Depth **3670'** Casing Shoe **3670'** Depth **3670'** Tubing

### OIL WELL TEST -

Natural Prod. Test: **43** bbls. oil, **11** bbls water in **24** hrs, **24** min. Size **24** Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **43** bbls. oil, **11** bbls water in **24** hrs, **24** min. Size **24** Choke

### GAS WELL TEST -

Natural Prod. Test: **20,000** MCF/Day; Hours flowed **24** Choke Size **24**

Method of Testing (pitot, back pressure, etc.): **24**

Test After Acid or Fracture Treatment: **24** MCF/Day; Hours flowed **24**

Choke Size **24** Method of Testing: **24**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **20,000 gals 24 gvy ref oil w/1/40# Adomite M-II & 2.2# SFG**

Casing **1300** Tubing **1300** Date first new **2-1-61**  
Press. **1300** Press. **7000** oil run to tanks

Oil Transporter **Shell Pipeline Corporation**

Gas Transporter **Warren Petroleum Corporation**

Remarks: **DC Order R-1739**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: **19**

OIL CONSERVATION COMMISSION

By: **Testis/Chenit**

Title

**Gulf Oil Corporation**  
(Company or Operator)

By: **John Russell**  
(Signature)

Title **Area Production Manager**  
Send Communications regarding well to:

Name **Gulf Oil Corporation**

Address **Box 2167, Hobbs, N.M.**