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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

RECOMPLETION

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

Dec. 5, 1960

(Place)

(Date)

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

Gulf Oil Corporation

Eunice King

Well No. **6**

in **NW 1/4 NW 1/4**

(Company or Operator)

(Lease)

D

Sec. **28**

T

21-S

R. 37-E

NMPM.

Eunice

Pool

Unit Letter

Lea

County. Date Spudded

Date recompleted **7-25-60**

Date Drilling Completed

Please indicate location:

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

766' FNL & 554' FWL

Elevation **3478' (DF)**

Total Depth

PBID

3845'

Top ~~xxx~~/Gas Pay **2904'**

Name of Prod. Form. **Seven Rivers & Queen**

PRODUCING INTERVAL -

3222-24', 3316-18, 3354-56', 3370-72', 3385-87',

Perforations

2904-06', 2942-44', 3032-34', 3096-98', 3164-66', 3194-96'

Open Hole

Depth

Depth

Casing Shoe

Tubing

3739'

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: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: **545** MCF/Day; Hours flowed **5.25**

Choke Size **0.312"** Method of Testing: **Critical Flow Prover**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): **1500 gals 15% NE acid, 25,000 gals ref. oil w/1/10# Adomite**

Casing Tubing **5600-** Date first new

Press. **3200#** oil run to tanks

Oil Transporter

Gas Transporter **Permian Basin Pipeline Co.**

Remarks: **Dualled with Penrose Skelly Oil.**

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 _____

Title **Area Production Manager**

Send Communications regarding well to:

Name **Gulf Oil Corporation**

Address **Box 2167, Hobbs, New Mexico**