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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

~~NEED~~
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
(Place)

9-26-61
(Date)

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

Gulf Oil Corporation Eunice King, Well No. 8, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H, Sec. 28, T. 21-S, R. 37-E, NMPM., Blinberry (Oil) Pool
Unit Letter

Lea

County. Date Spudded. Date Recompleted 9-6-61
Date Drilling Completed

Please indicate location:

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

Elevation 3435 Total Depth 6627 PBTD 6444

Top Oil/Gas Pay 5760 Name of Prod. Form. Blinberry (Oil)

PRODUCING INTERVAL -

Perforations 5904-06', 5874-76', 5834-36', 5783-90' & 5766-68'

Open Hole Casing Shoe Tubing 5799

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 Choke load oil used): 43 bbls. oil, 2 bbls. water in 20 hrs, min. Size 16/64"

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): 20,000 gal. Ref. Oil 4/7/60 Well admite & 45,900' sand

Casing 50# Tubing 160# Date First New Press. 550# Press. 550# oil run to tanks 9-1-61

Oil Transporter Permian Pipeline Co.

Gas Transporter

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)
(Signature)

OIL CONSERVATION COMMISSION

By: (Signature)

Title: Area Production Manager
Send Communications regarding well to:

Title

Name: Gulf Oil Corporation

Address: 2147 Hobbs New Mexico