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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

October 25, 1960

(Place)

(Date)

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

Gulf Oil Corporation
(Company or Operator)

Burice King

(Lease)

Well No. 11, in NW 1/4 NE 1/4,

B

Sec. 28

T. 21-S

R. 37-E

NMPM, Penrose Skelly

Pool

Unit Letter

Lea

County. Date Spudded

Date recompleted 10-24-60

Please indicate location:

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

Elevation 3457' OL Total Depth 6650' PBD 3892'

Top Oil/Gas Pay 3684' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3684', 3690', 3707', 3725' & 3743'.

Open Hole Depth 3693' Casing Shoe Depth Tubing

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 load oil used): 184 bbls. oil, 5 bbls. water in 24 hrs, min. Size 20/64"

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 gals ref oil, 1/40# Adomite M-II & 3# SPQ.

Casing Tubing 6700- Date first new oil run to tanks October 13, 1960

Press. 3700#

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: 9/11/2019, 19.

Gulf Oil Corporation

(Company or Operator)

By: (Signature)

Title Area Production Manager

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, N. M.

OIL CONSERVATION COMMISSION

By: (Signature)

Title