

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 Mexico

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

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

HOBBS OFFICE OCC **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**

**April 11, 1962**

(Place)

(Date)

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

**Gulf Oil Corporation**

**Burice King**

Well No. **13**, in **NE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**A**, Sec. **28**

T. **21-S**

R. **37-E**

NMPM, **Blinbry**

Pool

Unit Letter

**Lea**

County. Date Spudded

Recompleted **4-6-62**

Please indicate location:

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

**554' FNL & 554' FNL**

Elevation **3441'** Total Depth **FBTD**

Top Oil/Gas Pay **5808'** Name of Prod. Form. **Blinbry**

PRODUCING INTERVAL -

Perforations **5882-84', 5858-60', 5838-40' & 5808-10'**

Open Hole **6520** Depth **5789'**

OIL WELL TEST -

Natural Prod. Test: **35** bbls. oil, **0** bbls water in **4** hrs, **30/64"** Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **35** bbls. oil, **0** bbls water in **4** hrs, **30/64"** Choke

GAS WELL TEST -

Natural Prod. Test: **5900** MCF/Day; Hours flowed **4-1-62** Choke Size **30/64"**

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

Test After Acid or Fracture Treatment: **5900** MCF/Day; Hours flowed **4-1-62**

Choke Size **30/64"** Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Acidized with 500 Gals 15% NEA, frac w/20,000 gals 2 1/2 Grvly**

Casing **300** Tubing **3800** Date first new **4-1-62**  
Press. **700** Press. **5900** oil run to tanks

Oil Transporter **Shell Pipeline Corporation**

Gas Transporter **Warren Petroleum Corporation**

Remarks:

**Abandon Drinkard and Dual completed Blinbry oil with existing Tubb Gas.**

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: **Steve Russell**

(Signature)

Title **Area Production Manager**

Send Communications regarding well to:

Name **Gulf Oil Corporation**

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

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_