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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

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 (Place) August 30, 1961 (Date)

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

Gulf Oil Corporation (Company or Operator) J. N. Carson (NCT-A) (Lease), Well No. 9, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
K Unit Letter, Sec. 28, T. 21-S, R. 37-E, NMPM., El Linebry Gas Pool

Lea County. Date Spudded - Recompleted Date 8-30-61
Elevation 3450' Total Depth 8073' PBD 7770'

Please indicate location:

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

2086' W, 1874' S

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8"</u>	<u>317'</u>	<u>300</u>
<u>9-5/8"</u>	<u>2600'</u>	<u>1300</u>
<u>7"</u>	<u>788'</u>	<u>700</u>
<u>2-3/8"</u>	<u>5797'</u>	

Top Oil/Gas Pay 5834' Name of Prod. Form. El Linebry (Gas)

PRODUCING INTERVAL -

Perforations 5834-36'
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 5797'

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: 2358 MCF/Day; Hours flowed 23-1/2 hr

Choke Size _____ Method of Testing: 2" prover

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 250 gals MEA, 7000 gals refined oil w/1/4% admixite M-11
Casing _____ Tubing _____ Date first new _____
Press. 0-Hkr. Press. 1150# oil run to tanks per gal & 2# 20-40 sand

Oil Transporter _____

Gas Transporter Northern Natural Gas Co., Box 2376, Hobbs, New Mexico

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)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: _____

Title Area Production Manager

Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico