

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

~~New Well~~
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

6-20-60

(Place)

(Date)

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

Gulf Oil Corporation

Burice King

Well No. 15, in SE 1/4 NW 1/4,

(Company or Operator)

(Lease)

F

Sec. 28

T. 21S

R. 37E

NMPM.

Wanta Abo

Pool

Unit Letter

Lea

Dually completed 6-15-60

County. Date Spudded.

Date Drilling Completed

Elevation 3461

Total Depth 8146

PBTD

7303

Please indicate location:

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

Top Oil Pay 7112'

Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 7112-20', 7154-60', 7187-7200'

Open Hole Depth Casing Shoe Depth Tubing 7126'

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): 74 bbls. oil, 0 bbls. water in 5 hrs, min. Size Choke 25/48"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	292	300
9-5/8	2800	1300
7"	7942	700
2-3/8"	7126	-

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): 8000 gals Dowell's DN-24-L-2-16 Acid

Casing Tubing 3600- Date first new 6-15-60
Press. 3000' oil run to tanks

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, 19

Gulf Oil Corporation

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

Title: Area Production Manager

Send Communications regarding well to:

Name: Gulf Oil Corporation

Box 2167

Address: Hobbs, N.M.

Title