NUMBER OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRORATION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexic

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

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

~~Completion~~ New Well
Recomplet...

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, N.M. (Place) 8-28-61 (Date)

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

Gulf Oil Corporation (Company or Operator), Eunice King (Lease), Well No. 19, in NE ¼ NW ¼,

C (Unit Letter), Sec. 28, T. 21S, R. 37E, NMPM., Paddock (DC) Pool

Lea County. Date Spudded ~~Date Drilling Completed~~ Date Re-Completed 8-10-61

Please indicate location:

D	C ●	B	A
E	F	G	H
L	K	J	I
M	N	O	P

660' FNL 1980' FWL

Elevation 3466 Total Depth 6990 PBTD

Top Oil/Gas Pay 5114' Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 5182-78', 5168-58', 5144-40', 5136-28', 5124-14'

Open Hole ____ Depth Casing Shoe ____ Depth Tubing 5126'

OIL WELL TEST -

Natural Prod. Test: ____ bbls.oil, ____ bbls water in ____ hrs, ____ min. Choke Size ____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 80 bbls.oil, 14 bbls water in 24 hrs, ____ min. Choke Size 22/64"

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): 500 gals 15% NEA

Casing Press. ____ Tubing Press. 2700# Date first new oil run to tanks 8-15-61

Oil Transporter Shell Pipeline Corp.

Gas Transporter Warren Petroleum Corp.

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	297'	300
9-5/8"	2800'	1300
7"	7834'	700
5½" Liner	160'	18
2-3/8"	5126'	

Remarks: Dually completed with Blinebry - Order MC-1086

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved ____, 19____

OIL CONSERVATION COMMISSION

By: ____

Title ____

Gulf Oil Corporation
(Company or Operator)

By: [signature]
(Signature)

Title Area Production Manager

Send Communications regarding well to:

Name Gulf Oil Corp.

Address Box 2167, Hobbs, N.M.