

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.

Fort Worth, Texas
(Place)

9-8-58
(Date)

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

Gulf Oil Corporation
(Company or Operator)

J. N. Carson "A"
(Lease)

Well No. 6, in NW $\frac{1}{4}$ SE $\frac{1}{4}$,

J
Unit Letter

Sec. 28

T. 21-S, R. 37-E, NMPM., Tubb Gas

Pool

Dual Completion started 4-29-58

Lea

County. Date Spudded 2-4-48

Date Drilling Completed 6-3-58

Please indicate location:

Elevation 3444'

Total Depth 6611' PBDT -

Top Oil/Gas Pay 5905'

Name of Prod. Form. Tubb

PRODUCING INTERVAL -

5905-5913', 5919-5927', 5931-5947', 5957-5967',

Perforations 5983-5993', 6001-6017', 6055-6115', 6127-6135', 6151-6161',

Open Hole Packer set at 6,400'

Casing Shoe 6185-6197'

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|----------------|--------------|--------------|
| <u>13-3/8"</u> | <u>318</u> | <u>300</u> |
| <u>9-5/8"</u> | <u>2,850</u> | <u>1,300</u> |
| <u>7"</u> | <u>6,481</u> | <u>700</u> |

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

Test After Acid or Fracture Treatment: 2356 MCF/Day; Hours flowed 1/4

Choke Size _____ Method of Testing: 4" orifice well test and 1300 psi

back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 1000 gals. mud acid and 25,000 gals. Ref. Oil 1/43rd

Casing 1800 tubing _____ Date first new _____

Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Permian Basin Pipeline Company

Remarks: Filed in compliance with Rule 11, Order R-586.

Pending approval of NMDC Case #1506 scheduled for

hearing September 10, 1958.

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: J. H. King, Jr.
(Signature)

By: _____

Title: Unit Supervisor

Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Address: Hobbs, New Mexico