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| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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 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
(Place)

7-18-61
(Date)

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

Gulf Oil Corporation **Eunice King**, Well No. **25**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

D Sec. **28**, T. **21S**, R. **37-E**, NMPM, **Elinebry Oil** Pool
Unit Letter re-completed

Lea County. Date Spudded **7-1-61** Date **7-1-61**
Please indicate location: Elevation **3478** Total Depth **7900** PSTD **7092**

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

Top Oil/Gas Pay **5789'** Name of Prod. Form. **Elinebry**

PRODUCING INTERVAL -

Perforations **5947-49, 5937-39, 5898-5900, 5830-32, 5804-06, 5789-91**

Open Hole Depth **6009'** Casing Shoe Depth **6009'** Tubing

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): **81** bbls. oil, **trace** bbls water in **18** hrs, _____ min. Size **18/64** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|--------|------|------|
| 13-3/8 | 324 | 300 |
| 9-5/8 | 2800 | 1300 |
| 7 | 7900 | 800 |

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):

1200 gals 15% NEA; 24,000 gals. 24vgt. ref. oil 1/40# adomite

Casing **0-Pst** Tubing **1000** Date first new **7-1-61** **1-3/8 spg**
Press. **0-Pst** Press. **1000** oil run to tanks

Oil Transporter **The Permian Corp.**

Gas Transporter

Remarks: **Abandon Wants Abo and re-complete in Elinebry oil**

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: **The Russell**
(Signature)

Title: **Area Production Manager**

Send Communications regarding well to:

Name _____

Address _____

OIL CONSERVATION COMMISSION

By: _____

Title _____