

**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.

**Fort Worth 1, Texas**

**6-17-58**

(Place)

(Date)

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

**Gulf Oil Corporation**

**W. T. McCormack**

Well No. **9**, in **SE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**P** **32**

Sec.

**21-S**

**37-E**

**NMPM**

**Blinsbury Gas**

Pool

Unit Letter

**Lea**

**Dual Completion started 2-5-58**

County. Date Spudded **12-12-46**

Date Drilling Completed **6-3-58**

Please indicate location:

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

Elevation **3468'** Total Depth **6611'** PBD **-**

Top Oil/Gas Pay **5539'** Name of Prod. Form. **Blinsbury**

**PRODUCING INTERVAL -**

Perforations **5539', 5594', 5640', 5649', 5720', 5741', 5753'**

Open Hole **Packer set at 6450'** Depth **6450'** Casing Shoe **6450'** Tubing **6450'**

**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): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

**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: **1343** MCF/Day; Hours flowed **1/4**

Choke Size \_\_\_\_\_ Method of Testing: **4" orifice well test. and 685 psi back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **600 gals. mud acid and 10,000 gals. Ref. oil/1/4 SPG**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter **Permian Basin Pipeline Company**

**Tubing, Casing and Cementing Record**

Size	Feet	Sax
<b>13-3/8"</b>	<b>292</b>	<b>300</b>
<b>9-5/8"</b>	<b>2,952</b>	<b>1,300</b>
<b>7"</b>	<b>6,495</b>	<b>700</b>

Remarks: **Filed in compliance with Rule 13, Order E-610.**

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. A. King, Jr.**  
 (Signature)

By: **John W. Runyan**

Title: **Unit Supervisor**

Send Communications regarding well to:

Title \_\_\_\_\_

Name: **Gulf Oil Corporation**

Address: **Hobbs, New Mexico**