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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mex.

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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-104 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 September 23, 1963
(Place) (Date)

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

Gulf Oil Corporation W. T. McCormack, Well No. 15, in NW $\frac{1}{4}$, SE $\frac{1}{4}$,
(Company or Operator) (Lease)
J, Sec. 32, T. 21-S, R. 37-E, NMPM, Blinberry Pool
Unit Letter

County Lea Date Spudded Recompleted 9-18-63

Please indicate location:

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

2006 FS & EL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8"</u>	<u>284</u>	<u>300</u>
<u>9-5/8"</u>	<u>2785</u>	<u>1300</u>
<u>7"</u>	<u>6516</u>	<u>700</u>
<u>2-3/8"</u>	<u>5866</u>	

Elevation 3479 Total Depth 6649 PBD 6420

Top Oil 5710 Pay 5710 Name of Prod. Form. Blinberry

PRODUCING INTERVAL -

Perforations 5710, 5769, 5794 & 5837'

Open Hole _____ Depth _____ Casing Shoe 6529 Depth _____ Tubing 5866

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): 27 bbls. oil, 6 bbls water in 4 hrs, _____ min. Size 1 1/2" Choke

GAS WELL TEST - GV 145 MCF, COR 897, Corrected Grty 36.8

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 gal 15% HCL, 32,000 gal gal lss oil w/1/204 Ads M-11 PD & 3" SPS

Casing 500 Tubing 1200 Date first new _____
Press. 1000 Press. 3000 oil run to tanks September 18, 1963

Oil Transporter Gulf Oil Corporation, Crude Oil Dept. Trucks

Gas Transporter _____

Remarks: Abandoned Drinkard and recompleted in Blinberry Oil Zone.

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: CR Boland

(Signature)

Title Area Production Manager

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 670, Hobbs, New Mexico