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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

Yes No

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

April 1, 1963

(Place)

(Date)

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

Gulf Oil Corporation **Mark Owen** (Company or Operator) (Lease), Well No. **4** in **NW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

J Sec. **34** T. **21-S** R. **37-E** NMPM, **Blinery** Pool

Lease

County. Date Spudded

Date **Recompleted**

April 1, 1963

Please indicate location:

Elevation **3428**

Total Depth **6584**

PBTD **6363'**

Top Oil/ Gas Pay **5744**

Name of Prod. Form. **Blinery**

PRODUCING INTERVAL -

Perforations **5744, 5778, 5804 & 5840'**

Open Hole

Depth Casing Shoe **6500**

Depth Tubing **5797**

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): **15** bbls. oil, **trace** bbls. water in **24** hrs, _____ min. Choke Size **16/64"**

GAS WELL TEST - **GV 217, GOR 14,466, Corrected Gvty 39.9**

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, 24,000 gal gal 1% oil w/1/4" Ado M-11 PD & 1 to 3" SPG**

Casing Tubing **4800** Date first new Press. **5900** oil run to tanks **March 26, 1963**

Oil Transporter **The Permian Corporation**

Gas Transporter **None - gas is being vented**

Remarks:

Abandoned Drinkard and recompleted in Blinery

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: _____ (Signature)

Title: **Area Production Manager**

Send Communications regarding well to:

Name: **Gulf Oil Corporation**

Address: **Box 2167, Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: _____

Title: _____