NE¹ 'IEXICO OIL CONSERVATION COM' SSION 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				ုပြင် (Place		exico	Jan	(Date)	
WE ARE F	HEREBY RE	EQUESTIN	IG AN ALLOWABLE F	OR A WELI	KNOWN	AS:			
Gulf in Corpor aloa (Company or Operator)			Harry Leonard "	ⁱ ⊡", Well ⊯)	No. 6	in	ที่	1/4 SW 1/4,	
Date La	Her		, T. 22-S, R36-						
Lea			County. Date Spudded	11-24-57	Date	Drilling Co	apleted	12-6-57	
Please indicate location:			Elevation 3585		Total Depth_	38501	PBTD_	38461	
D	C B	A	Top 0i1/05 Pay 375	2	Name of Prod	. Form.			
E	F G	H	Perforations 375	7–38∪∂1	Depth	38191	Depth	38161	
			OIL WELL TEST -		Casing Give_		rubing_		
L	K J	I	Natural Prod. Test:						
M	N O	P	Test After Acid or Fractional oil used): 180						
			GAS WELL TEST -						
			Natural Prod. Test:		MCF/⊃ay; Hou	rs flowed	Chok	e Size	
Tubing ,Cas	ing and Ceme	nting Record	Method of Testing (pito	t, back pressur	re, etc.):				
Size	Feet	Sax	Test After Acid or Frac						
8-5/8	38c1	325	Choke SizeMet	hod of Testing:					
5-1/2°	38391	750	Acid or Fracture Treatme						
2-3/8	1		sand): 250 gals. Casing Tubing Press. Press.	Date	first new				
		······································	Oil Transporter Gulf						
			Gas Transporter						
Remarks:		it is reedi	equested that this ve Januar/1, 1/5	<u>wal⊥ be</u> μ		tuo .1 9.2			
1 herel	by certify th	at the infor	mation given above is to	rue and compl	ete to the be	st of my knov	vledge.		
			, 19		Guir oil or or tion (Company or Operator) By:				
O)	IL CONSER	CVATION	COMMISSION	Ву:	<u></u>	(Signature	:)		
Ву:	······································			Title	Area Su.	t. I ro	de egarding	well to:	
Title	••••••••••			 Name	Name Gulf Cil Cor or spon				
				Address	Box 2167	, nobbs,	lew r.e.	xico	