

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

April 15, 1958

(Place)

(Date)

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

Gulf Oil Corporation

Harry Leonard "D"

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

(Company or Operator)

(Lease)

D

3

T 22S

R 36E

NMPM, South Eunice

Pool

Unit Letter

Lea

County **Lea** Date Spudded **3-13-58**

Date Drilling Completed **3-22-58**

Please indicate location:

Elevation **3557'** Total Depth **3885'** FRTD **3880'**

Top Oil/Gas Pay **3790'** Name of Prod. Form **Queen**

PRODUCING INTERVAL -

Perforations **3790-3846'**

Open Hole **---** Depth **---** Depth Casing Shoe **3885'** Depth Tubing **3854'**

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): **129** bbls. oil, **9** bbls. water in **24** hrs, **0** min. Choke Size **16/64"**

GAS WELL TEST -

Natural Prod. Test: **---** MCF/day; Hours flowed **---** Choke Size **---**

Tubing, Casing and Cementing Record

Size Feet Sx

8-5/8"	412'	300
5-1/2"	3872'	1050
2-3/8"	3843'	---

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): **250 gal. Mud Acid; 24,000 gal lse oil w/ 1/40# sand per gal. Admits 4**

Casing **640#** Tubing **525#** Date first new oil run to tanks **4-9-58**

Oil Transporter **Gulf Refining - Western Division**

Gas Transporter **Warren Petroleum Corporation**

Remarks: **It is requested this well be placed on proration schedule effective 4-9-58.**

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: _____ (Signature)

By: *[Signature]*

Title: **Area Production Superintendent**

Send Communications regarding well to:

Gulf Oil Corporation

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

Title: _____