

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

June 19, 1958

(Place)

(Date)

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

Gulf Oil Corporation

Harry Leonard "D"

, Well No. 10

in SE

NW

1/4.

(Company or Operator)

(Lease)

F

Sec. 3

T. 22

R. 36

NMPM,

South Eunice

Pool

Unit Letter

Lea

County. Date Spudded 5-16-58

Date Drilling Completed 5-27-58

Elevation 3562' (GL)

Total Depth 3900'

FRTD

3897'

Please indicate location:

Top Oil/Gas Pay 3723'

Name of Prod. Form. Green

PRODUCING INTERVAL -

Perforations 3728-3896'

Open Hole -

Depth

3900'

Depth

3871'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used): 131 bbls. oil, 86 hrs, min. Choke Size 16/64"

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: 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. MCA; 40,000 gal. lse oil w/ 1/40# Adomite & 1# sand

Casing 840# Tubing 250# Date first new 6-1-58 per gal.

Oil Transporter Gulf Refining - Western Division

Gas Transporter Warren Petroleum Corporation

Remarks: It is requested this well be placed on the proration schedule effective 6-1-58.

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:

Title: Area Production Supt.

Send Communications regarding well to:

Title:

Name: Gulf Oil Corporation

Address: Box 2167 - Hobbs, New Mexico