

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 QUADRUPPLICATE 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 August 6, 1957
(Place) (Date)

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

Gulf Oil Corporation J. F. Janda "F", Well No. 12, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

0, Sec. 4, T. 22-S., R. 36-E., NMPM., South Dunsmuir Pool
Unit Letter

Lea County. Date Spudded 6-22-57 Date Drilling Completed 7-3-57

Please indicate location:

Elevation 3589' Total Depth 3911' PBTD 3855'

Top Oil/Sec Pay 3782' Name of Prod. Form. Queen

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

PRODUCING INTERVAL -

Perforations 3782-3844'
Open Hole Depth Casing Shoe Depth Tubing

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 Choke load oil used): 150 bbls. oil, _____ bbls water in 24 hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sex
8-5/8"	387'	325
5-1/2"	3897'	400
2-3/8"	3704'	

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): 200 gallons mud acid, 17000 gallons refined oil with 1# SFO
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 8-1-57

Oil Transporter Shell Pipeline Corp.

Gas Transporter _____

Remarks: It is requested that this well be placed in the Production Schedule effective August 1, 1957.

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: E. F. Taylor
(Signature)

By: _____

Title: Area Supt. of Prod.
Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, New Mexico