

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

March 21, 1958

(Place)

(Date)

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

Gulf Oil Corporation

J. F. Janda "F"

Well No. 15

in NE 1/4 SE 1/4

(Company or Operator)

(Lease)

I

Sec. 4

T. 22S

R. 36E

NMPM,

South Eunice

Pool

Unit Letter

Lea

County. Date Spudded 3-21-58

Date Drilling Completed 3-3-58

Please indicate location:

Elevation 3576'

Total Depth 3875'

PBTD 3873'

Top Oil/Gas Pay 3773'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3773-3871'

Open Hole

Depth Casing Shoe 3874'

Depth Tubing 3854'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 92 bbls. oil, 92 bbls water in 24 hrs, 0 min. Size 18/64"

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): 250 gal Mud Acid, 50,000 gal lse oil w/ 1/10# Adonite & 1# SPG

Casing Press. 450# Tubing Press. 300# Date first new oil run to tanks 3-15-58

Oil Transporter

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	380'	325
5-1/2"	3861'	900
2-3/8"	3854'	—

Remarks: It is requested this well be placed on proration schedule effective 3-15-58

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: *E. F. Janda*

(Signature)

By: *E. F. Janda*

Title Area Supt. of Production

Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Address Box 2167 - Hobbs, New Mexico