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PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) - ALLOWABLE

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

May 29, 1962

(Place)

(Date)

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

Gulf Oil Corporation Bell-Ramsay (NCT-A)

Well No. 11, in SW 1/4 SW 1/4

(Company or Operator)

(Lease)

M Sec. 4 T. 21-S R. 36-E, NMPM., Undesignated (Blinebry) Pool

Lea

County. Date Spudded 4-4-62

Date Drilling Completed 4-18-62

Please indicate location:

Elevation Total Depth 6055 PBTD 6027

Top Oil/Gas Pay 5959 Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5959, 5963, 5971 & 5981'

Open Hole Depth 6055 Casing Shoe 6055 Depth Tubing 6005'

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): 100 bbls. oil, 84 bbls. water in 24 hrs, min. Size 2" WO

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): 6000 gal 15% Acid, 20,000 gal ref oil W/1/40% Ade H-11 & 34 SP G

Casing 4100 Tubing 2650 Date first new oil run to tanks May 20, 1962
Press. 3000 Press. 2550

Oil Transporter Gulf Oil Corporation, Trucks

Gas Transporter None

Remarks:

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)

By: (Signature)

Title Area Production Manager

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title