

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.

Fort Worth, Texas 3-5-58
(Place) (Date)

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

Gulf Oil Corporation Harry Leonard "A", Well No. 7, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M, Sec. 22, T. 21-S, R. 36-E, NMPM. Bumont Gas Pool
Unit Letter Dual Completion Started 1-23-58

Lea County. Date Spudded 6-3-57 Date Drilling Completed 2-20-58

Please indicate location:

Elevation 3971' Total Depth 3860' PBD 3854'

Top Oil/Gas Pay 3082' Name of Prod. Form. Queen, Seven Rivers

PRODUCING INTERVAL -

Perforations 3082', 3105', 3122', 3144', 3179', 3200', 3220'

Open Hole Packer at 3062' Depth - Depth 3252'
Casing Shoe Tubing

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 4406' MCF/Day; Hours flowed 1/4

Choke Size - Method of Testing: 4" Orifice well test and 420 psi Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 500 gals. mud acid 35,000 gals. ref. oil w/14500

Casing 1000/CI Tubing 800/CI Date first new
Press. 1000/CI Press. 800/CI oil run to tanks

Oil Transporter _____

Gas Transporter Permian Basin Pipeline Company

Remarks: Filed in compliance with Rule 11, Order R-520. Application for a 160 acre non-standard gas proration unit will be submitted.

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]
(Signature)

By: [Signature] Title Division Unit Head

Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Address Hobbs, New Mexico