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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

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 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

October 26, 1962

(Place)

(Date)

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

Gulf Oil Corp. H.T. Mattson (HCT-A) No.

Well No. **3**, in **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

P

Sec. **24**

T. **21-S**

R. **36-E**

NMPM, **Drinkard**

Pool

Unit Letter

Lee

County. Date Spudded **9-26-62**

Date Drilling Completed **10-17-62**

Please indicate location:

Elevation **3509** Total Depth **6714** FBTD **6684'**

Top Oil/Gas Pay **6542** Name of Prod. Form. **Drinkard**

PRODUCING INTERVAL - **6618', 6624', 6630', 6636', 6648', 6654', 6542', 6548', 6578', 6584', 6600', 6606'**

Perforations

Open Hole **-** Depth **6714'** Depth Casing Shoe **6525'**

OIL WELL TEST -

Natural Prod. Test: **392** bbls. oil, **7** bbls. water in **17** hrs, **18/64"** min. Size **18/64"**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **392** bbls. oil, **7** bbls. water in **17** hrs, **18/64"** min. Size **18/64"**

GAS WELL TEST -

Natural Prod. Test: **3600** MCF/Day; Hours flowed **1100** Choke Size **10-25-62**

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

Test After Acid or Fracture Treatment: **3600** MCF/Day; Hours flowed **1100**

Choke Size **10-25-62** Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **acidized w/6000 gals retarded HCL acid**

Casing **200#** Tubing **3600** Date first new oil run to tanks **10-25-62**

Oil Transporter **Gulf Oil Corporation**

Gas Transporter **None - producing into test tanks**

Remarks:

*** 7" liner. Top at 3599'**

Drink Ex

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: *John T. Adams*

Title _____