

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 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

April 8, 1958

(Place)

(Date)

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

Gulf Oil Corporation

W. A. Ramsey "A"

Well No. 37, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

H

Sec. 27

T. 21S

R. 36E

NMPM, Eumont

Pool

Unit Letter

Lea

Please indicate location:

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

County. Date Spudded. 3-12-58

Date Drilling Completed 3-25-58

Elevation 3540' OL

Total Depth 3900' FTD 3898'

Top Oil/Gas Pay 3870'

Name of Prod. Form. (Queen)

PRODUCING INTERVAL -

Perforations 3870-3894'

Open Hole ---

Depth

Casing Shoe 3900'

Depth

Tubing 3888'

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): 69 bbls. oil, Trace bbls. water in 24 hrs, 0 min. Choke Size 20/64"

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): 500 gal Mud Acid; 10,000 gal. lss oil w/ 1/10# Adomite & 1# SPG

Casing 340# Tubing 60# Date first new oil run to tanks 4-7-58

Oil Transporter Shell Pipe Line Corp.

Gas Transporter _____

Remarks: It is requested this well be placed on the preration schedule effective 4-7-58.

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)

By: _____

(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title Area Production Superintendent

Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Address Box 2167 - Hobbs, New Mexico