

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

August 5, 1958

(Place)

(Date)

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

Gulf Oil Corporation

W. A. Ramsay "A"

Well No. 41

in SW

1/4

NE

1/4

(Company or Operator)

(Lease)

G

Sec. 27

T. 21

R. 36

NMPM,

Eumont

Pool

Unit Letter

Lea

County. Date Spudded 5-31-58

Date Drilling Completed 6-10-58

Please indicate location:

Elevation 3550'

Total Depth 3900'

FBD 3896'

Top Oil/Gas Pay 3758'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3757-3890'

Open Hole -

Depth Casing Shoe 3900'

Depth Tubing 3891'

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): 63 bbls. oil, 15 bbls. water in 24 hrs, 0 min. Size -

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; 40,000 gal. lse oil w/ 1/40# Adomite & 1# sand per gal.

Casing Tubing Date first new Press. 1025# 900# oil run to tanks 8-1-58

Oil Transporter Shell Pipe Line Corporation

Gas Transporter Warren Petroleum Corporation

Remarks:

It is requested this well be placed on proration schedule effective 8-1-58

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)

Title: _____

Area Production Supt.

Send Communications regarding well to:

Name: _____

Gulf Oil Corporation

Address: _____

Box 2167 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____