

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

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. 45, in NE 1/4 SW 1/4,

(Company or Operator)

(Lease)

K

Sec. 27

T. 21

R. 36

NMPM,

Eumont

Pool

Unit Letter

Lea

County. Date Spudded. 6-29-58

Date Drilling Completed 7-8-58

Please indicate location:

Elevation 3556'

Total Depth 3900'

FSTD 3896'

Top Oil/Gas Pay 3764'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3764-3872'

Open Hole -

Depth

Casing Shoe 3900'

Depth

Tubing 3872'

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): 135 bbls. oil, 33 bbls. water in 24 hrs, 0 min. Choke Size 20/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

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

Size Feet Sax

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

8-5/8"	415'	300
5-1/2"	3890'	975
2-3/8"	3872'	-

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

500 gal. mud acid; 60,000 gal. lse oil w/ 1/40# Adomite & 1# sand per gal.
Casing 1000# Tubing 300# Date first new 8-1-58
Press. 1000# Press. 300# oil run to tanks

Oil Transporter Shell Pipe Line Corporation

Gas Transporter Warren Petroleum Corporation

Remarks:

It is requested this well be placed on preration 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]*

(Signature)

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167 - Hobbs, New Mexico

Title _____