

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 November 14, 1958
(Place) (Date)

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

Gulf Oil Corporation W. A. Ramsey (NCT-A), Well No. 44, in NW 1/4, NW 1/4,
(Company or Operator) (Lease)

D, Sec. 27, T. 21-S, R. 36-E, NMPM, Dumont Pool
Unit Letter

Lea County Date Spudded 6-13-58 Date Drilling Completed 6-23-58

Please indicate location:

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

Elevation Total Depth 3900' FRTD 3896'

Top Oil/Gas Pay 3764' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3764-3888'

Open Hole Depth Casing Shoe Depth Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 32 bbls. oil, 29 bbls. water in 24 hrs, - min. Size 44/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	378'	300
5-1/2"	3889'	1000
2-3/8"	3837'	-

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):

110,000 gals. 1st oil, 1# spg, 1/40# Adomita per gal.

Casing Tubing Date first new Press. Pkr. Press. 3800# oil run to tanks 11-7-58

Oil Transporter Shell Pipeline Corp.

Gas Transporter Warren Petroleum Corp.

Remarks:

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)

Title Asst. Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico

By:

Title