

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE 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 QUADRUPPLICATE 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
(Place)

8-11-58
(Date)

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

Gulf Oil Corporation W. A. Ramsay "A", Well No. 43, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

C, Sec. 27, T. 21, R. 36, NMPM., Eumont Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 6-12-58 Date Drilling Completed 6-22-58
Elevation 3551' (GL) Total Depth 3900' FBTD 3896'

Top Oil/Gas Pay 3763' Name of Prod. Form. *Lumen*

PRODUCING INTERVAL -

Perforations 3763-3883'

Open Hole - Depth Casing Shoe 3900' Depth Tubing 3871'

CIL 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): 109 bbls. oil, 8 bbls. water in 24 hrs, 0 min. Size 30/64" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	409'	300
5-1/2"	3883'	900
2-3/8"	3871'	-

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 gallons mud acid; 50,000 gallons lease oil w/ 1/40% Adomite & 1# sand per gal

Casing Press. 250# Tubing Press. 80# Date first new oil run to tanks 7-18-58

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: *John W. Ramsay*
(Signature)

OIL CONSERVATION COMMISSION
By: *John W. Ramsay*

Title: Asst Area Production Supt.
Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Address: Box 2167 - Hobbs, New Mexico