

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

3-31-58

(Place)

(Date)

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

Gulf Oil Corporation

J. F. Janda (Lease)

Well No. 1

in NW

SE

1/4

(Company or Operator)

Sec. 32

T. 21S

R. 34E

NMPM.

Summit

Pool

Unit Letter

Lea

County. Date Spudded 1-18-56

Date Drilling Completed

3-7-56

Elevation 3601'

Total Depth 3908'

PBTD

3820'

Top Oil/Gas Pay 3748'

Name of Prod. Form.

Queen

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 3748-3808'

Open Hole 3777-3820'

Depth

Casing Shoe 3777'

Depth

Tubing 3814'

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): 128 bbls. oil, 0 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
10-3/4"	380'	250
7-5/8"	1572'	300
5-1/2"	3777'	300
2-3/8"	3814'	—

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): 250 gal. Mud Acid & 27,000 gal. Ref. Oil w/ 1/4 Sand Per Gal.

Casing 0# Phr. Press. 120# Date first new oil run to tanks 3-16-58

Oil Transporter Shell Pipe Line Corp.

Gas Transporter

Remarks: It is requested this well be placed on production schedule effective 3-16-58

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)

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: _____

(Signature)

Title Area Supt. of Production

Send Communications regarding well to:

Gulf Oil Corporation

Name

Address Box 2187 - Hobbs, New Mexico

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