

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 27, 1957

(Place)

(Date)

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

Gulf Oil Corporation

William A. Ramsey, Well No. 30

in Sec. 34, T. 21-S, R. 36-E, NMPM, Hobbs, New Mexico

(Company or Operator)

(Lease)

G

Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 7-23-57

Date Drilling Completed 8-4-57

Elevation 3566'

Total Depth 3860'

PBTD 3855'

Top Oil/80% Pay 3773'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3773-3813'

Open Hole

Depth

Casing Shoe 3860'

Depth

Tubing 3812'

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): 185 bbls. oil, 10 bbls water in 24 hrs, _____ min. Size 17/64"

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 gallons mud acid 15000 gals. ref. oil with 1/4 SPQ.

Casing _____ Tubing _____ Date first new _____

Press. _____ Press. _____ oil run to tanks 8-18-57

Oil Transporter Shell Pipeline Corp.

Gas Transporter _____

Remarks: It is requested that this well be placed in the Proration Schedule effective August 18, 1957.

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 Area Supt. of Prod.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico

By: _____

Title _____