NE' MEXICO OIL CONSERVATION COM'SSION 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 filedoduring 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.

			Hobbe, New Mexico (Place)		October 22, 1957 (Date)	
			NG AN ALLOWABLE FOR		. 1079 h.W. r	
(Com	COPPOSE IDANY OF OP	ELON	(Lease)	Well No33	, in NE 1/4 NW 1/4,	
G	, Sec.			, NMPM., Eumont	Poo	
Unit Lott			County Data Smuddad	9-20-57 Date Drill:	ing Completed 10-3-57	
	indicate l				PBTD 3844	
		ocauoii.		Name of Prod. Form.		
D 0	i	A	PRODUCING INTERVAL -			
			Perforations 3778-	38341		
E	G	H	Open Hole	Depth Casing Shoe 38	Depth Tubing 3834	
			OIL WELL TEST -		**************************************	
L	J	I		hhle nil hhle wat	Choke er inhrs,min. Size_	
		1.			volume of oil equal to volume of	
MN	1 0	P		•	Choke n 24 hrs,min. Size	
				bbis water 1	11 <u>1855</u> 111 5,	
<u> </u>			GAS WELL TEST -			
			•	MCF/Day; Hours flow	edChoke Size	
		nting Recor		ack pressure, etc.):		
Size	Feet	- SAX	Test After Acid or Fracture	Treatment:	MCF/Day; Hours flowed	
8-5/8-	4041	350	Choke SizeMethod	of Testing:		
- 7 /2-	2222	1005	Acid or Fracture Treatment (Give amounts of materials used	d, such as acid, water, oil, and	
5-1/2"	38381	1025	sand): 500 gala, mud	acid 24000 gals, re	f. oil with 1# SPG.	
2-3/8	38261		Casing Tubing Press. Press.	Date first new oil run to tanks 10-	16-57	
			Oil Transporter Shell	Pipeline Corp.		
			Gas Transporter	,		
emarks:	It i	s reques	ted that this well be	placed in the Prorat	ion Schedule	
		ctive Oc	tober 16, 1957	·····	***************************************	
			***************************************		*************************************	
I hereby	certify th	at the info	ormation given above is true	and complete to the best of m	y knowledge.	
			<u>,</u> 19	Gulf Oil Cor	peration	
			•	(Company	or Operator)	
OII	L CONSEI	RVATION	COMMISSION	By:	gnature)	
Jan.				sman combined Dead		
/:	· //	<i>4</i>		Title Send Communicat	ions regarding well to:	
itle	······································	. (182 fr. 19	***************************************		1 -	
				• • • • • • • • • • • • • • • • • • • •		
				Address Box 2167, Ho	bbs, New Mexico	