## EXICO OIL CONSERVATION COMM NEW Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

X New Well

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.

				Fort Worth, Te	xas 4-9-59	
WE AI	RE HEREBY	REQUEST	ING AN ALLOWARTE	( = -=== )		(Date)
	(Company or	Operator)		, Well No 1		SW ./
•••••••••••••	<b>K</b>	Sec	T 21-S p 37		L 0	
Un	N Letter		····· ···· ···· ···· ····· ····· ······	ase) ZE, NMPM., Eumon	<b>U 485</b>	Pool
•••••••••••••••••••••••••••••••••••••••	Lea	······································		J 9-23-58		
1	Please indicat	e location:				~ <b>5-58</b>
		BA	Top Oil/Gas Pay3	4761 Name of Prod. F	PBTD	3090 ·
-		BA	PRODUCING INTERVAL -	haine St Prod. F	orm. <b>Queen</b>	
L						
E	FC	H	Perforations 3467-34	881, 3492-3508", 3524 Depth Casing Shoe	-35341, 3542-35621	3576 250
			Open Hole	Depth Casing Shoe	Depth	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
L		_	OIL WELL TEST -		Iubing	
-	K J	I				
			Hetural Prod. Test:	bbls.oil,bbls	water inhrs,	Choke min. Size
M	NO		ACID OF FFAC	ture ireatment (after recovery	of volume of the	
			load oil used):	_bbls,oil,bbls wate		choke
			GAS WELL TEST -		r inhrs,min.	Size
	Casing and Gen Feet	menting Recor Sax	intering (proof	MCF/Day; Hours f.		
			Test After Acid or Fract	ure Treatment: 2410		
8-5/	8 428	325	Choke SizeMeth	od of Testing: 4" orifice	Mur/Day; Hours flowe	d <u>1/4</u>
5-1/	2 3,830	1000	Acid or Fracture Treatmer	to the amounts of materials u	sed, such as as a .	
			i sand): CAU CAIS, mnu	finata no oco		
			Casing Tubing Press. Press.	Date first new and	l# send per 1	<u>O#_adomite</u>
				oil run to tanks	-th same her gar.	
			Cil Transporter			
marker		P41-	Gas Transporter Pe	rmian Basin Pipeline	Company	
	••••••	for	N 10 COMPLIANCE with	<b>a</b> Dula 11 A		
••••••••••••••••				tandard gas proration	unit will be	•••••••
····		• • • • • • • • • • • • • • • • • • • •				•••••
I here	by certify th	at the inform	nation given above is	and complete to the best of n	•	
proved.				and complete to the best of n	iy knowledge.	
			, 19		L Corporation	
0	IL CONSEP	VATION	OMMISSION	271	y or Operator)	
	COMORN		MMISSION	By:	ing fr	·····
	1 1	////	1 har 11		gnature)	
·····ŧ····		- Contraction		Title	ervisor	
le	•••••••			Send Communicat	tions regarding well to:	
			•••••••••••••••	Name. Gulf Oil Co	rooration	
				4 1 B441 C	- For GVAVII	

Address. Hobbs, New Merico