

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Recompletion~~
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 April 24, 1959
(Place) (Date)

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

Gulf Oil Corporation C. L. Hardy, Well No. 4, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M, Sec. 20, T. 21-S, R. 37-E, NMPM., Paddock Pool
Unit Letter

Lea County. Date Spudded 6-20-48 Date recompletion finished 4-24-59
Date Drilling Completed 8-3-48

Please indicate location:

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

Elevation 3494' GL Total Depth 6670' FBTD 6540'

Top Oil/Water Pay 5162' Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 5162-5170'

Open Hole Depth Casing Shoe Depth Tubing 5168'

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): 32 bbls. oil, 60 bbls. water in 24 hrs, - min. Size 2" Choke

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 gals Mud Acid, 1000 gals 15% NE, 3000 gals 15% NE

Casing Tubing 2500- Date first new

Press. 1000 appld. 3100# all run to tanks April 24, 1959

Oil Transporter Shell Pipeline Corporation

Gas Transporter Warren Petroleum Corp.

Remarks:

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)

(Signature)

By: Title Area Production Supt.

Send Communications regarding well to:

Title Name Gulf Oil Corporation

Address Box 2167, Hobbs, N. M.