

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Santa Fe, New Mexico**  
**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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

**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 QUADRUPPLICATE 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 25, 1961  
(Place)      (Date)

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

**Gulf Oil Corporation**

**Subsank**

Well No. 5, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B

Sec. 22

T. 21-S

R. 37-E

NMPM.

Blinebry

Pool

Unit Letter

Date recompleted 4-21-61

County. Date Spudded

Date Drilling Completed

Please indicate location:

Elevation 3424' Total Depth PBTD 7400'

Top Oil/Gas Pay 5739' Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5739-41', 5762-64', 5774-76', 5800-02' & 5830-32'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe \_\_\_\_\_ Tubing 5694'

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 140 bbls. oil, 0 bbls water in 24 hrs, \_\_\_\_\_ min. Choke Size 19/64"

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): 20,000 gals ref. oil with 1/40# Adomite M-II & 3# SPG

Casing \_\_\_\_\_ Tubing 5700- Date first new  
Press. \_\_\_\_\_ Press. 4300# oil run to tanks April 15, 1961

Oil Transporter Gulf Refining Co.

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)

By: [Signature]  
(Signature)

Title Area Production Manager

Send Communications regarding well to:

Name Gulf Oil Corporation

Box 2167, Hobbs, New Mexico

**OIL CONSERVATION COMMISSION**

By: [Signature]

Title \_\_\_\_\_