

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, March 13, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **1980f/ 1980f/**
Western Oil Fields, Inc. Gulf Hill, Well No. **4**, in **West Line South Line**
(Company or Operator) (Lease)

S, Sec. **4**, T **21S**, R **37E**, NMPM, **Blinebry Oil** Pool
Unit Letter

Lea

Please indicate location:

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
16"	279	250
10 3/4"	2940	1344
2 7/8	7433	900

County. Date Spudded **1-16-64** Date Drilling Completed **2-9-64**
Elevation **3487 KDB** Total Depth **7850** PBD **7433**

Top Oil/Gas Pay **5550** Name of Prod. Form. **Blinebry Oil**

PRODUCING INTERVAL -

Perforations **5717-5727, 5813-5823, 5831-5841**

Open Hole **None** Depth **7433** Depth **Tubingless**
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: **0** bbls. oil, **0** bbls water in **0** hrs, **-** min. Size **-**
Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **25.1** bbls. oil, **3.4** bbls water in **24** hrs, **0** min. Size **20/64**
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): **1000 gals. NE 15% acid, 10,000 gals crude, 10,000# sand**
Casing **200** Tubing **tubingless** Date first new **March 10, 1964**
Press. **200** Press. **tubingless** Run to tanks

Oil Transporter **Gulf Oil Corporation**

Gas Transporter **Skelly Oil Company**

Remarks: _____

Refer to R-2577

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____ **Western Oil Fields, Inc.**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Pamela White*
(Signature)

By: _____ Title **Division Engineer**

Title _____

Send Communications regarding well to:

Name **Western Oil Fields, Inc.**

Address **P. O. Box 1137**
Hobbs, New Mexico