(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 lanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

	•			Hobbs, New	Nextee j	une 20, 1958	
E ARE I	HEREBY 1	REQUESTI	ING AN ALLOWABLE	(Place)	WNI AC.	(Da	ate)
Gul	f oil co	rperatio	a J. F. Janda	Well No. 3	in	W 1/4 M	1
			, T. 23 , R 36				
Unit 14	, 50 kter	C 	, 1, R	, NMPM.,	Merca Maranew		Pool
	Let	<u> </u>	County. Date Spudded				
Please indicate location:		location:	Elevation	Total De	pth 3000	РВТО	
D	C B	A		Name of	Prod. Form.	1000	
0			PRODUCING INTERVAL -	000/4		•	
E 1	F G	H	Perforations 3652	Donth		Depth	
			Ī	Casing S	hoe 3799	Tubing 3747	<u>/•</u>
L I	KJ	I	OIL WELL TEST -				Charla
				bbls.oil,			
M	0	P		ture Treatment (after r			
			load oil used):	_bbls.oil, _89 b	bls water in	hrs, O min. S	ize 21/
	<u> </u>		GAS WELL TEST -				
			Natural Prod. Test:	MCF/Day;	Hours flowed	Choke Size	
_ *	_	menting Reco	rd Method of Testing (pito	t, back pressure, etc.)	:	· · · · · · · · · · · · · · · · · · ·	
Size	Feet	Sax		ture Treatment:			
8-5/8=	3631	300	1	hod of Testing:			
			Acid or Fracture Treatme				
5-1/2"	37861	1100		CA: 40,000 gal. 1	_		
2-3/8=	37471		Casing Press. 800# Tubing Press.	660# Date first new	6-1-58	and an analysis	per gr
	7.4.		Gil Transporter				
		<u> </u>	Gas Transporter		· · · · · · · · · · · · · · · · · · ·	······	
marks:	it is re	quested (this well be placed	on prevation sel	medule effect	ire 6-1-58.	
·-•	• • • • • • • • • • • • • • • • • • • •	•••••	4	1/2.9	•••••		
			••••		•••••		
I hereb	y certify t	hat the info	ormation given above is tr	rue and complete to the	best of my know	ledge.	
proved	•		5 , 19	Guli	Oil Corpora		
					Company or Op	erator)	
OI	L CONSE	RVATION	COMMISSION	Ву:	Signature)	
/	ر کی	Exa	Alist.	Title Area Pre	duction Supt		
**************************************		· · · · · · · · · · · · · · · · · · ·	tamataly destination of the second		mmunications re		
le				Name Gulf Of	1 Corporatio)n	
				•	-	New Mexico	
				Address BOX 2		NAME OF TAXABLE	