

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

9-30-58

(Place)

(Date)

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

Gulf Oil Corporation

J. F. Janda "I"

Well No. 6

in NW

1/4 NE

(Company or Operator)

(Lease)

B

Sec. 2

T. 23

R. 36

NMPM.

Langlie Mattix

Pool

Unit Letter

Lee

County. Date Spudded. 8-22-58

Date Drilling Completed 9-2-58

Please indicate location:

Elevation 3462 (GL)

Total Depth 3800'

FSTD 3796'

Top Oil/Gas Pay 3658'

Name of Prod. Form.

PRODUCING INTERVAL -

Perforations 3658-3785'

Open Hole -

Depth

Casing Shoe 3800'

Depth

Tubing 3784'

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): 120 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Choke Size 21/64"

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):

500 gal mud acid; 40,000 gal lse oil with 1/40# Admixite & 1# sand per gal.
Casing 450# Tubing 100# Date first new oil run to tanks 9-26-58
Press. 100#

Oil Transporter Midwest Corporation

Gas Transporter

Remarks:

It is requested this well be placed on proration schedule effective 9-26-58.

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: *St. J. J. J.*

(Signature)

OIL CONSERVATION COMMISSION

By: *Ken G. Longwell*

Title

Area Production Supt.

Send Communications regarding well to:

Title

Name

Gulf Oil Corporation

Address

Box 2167 - Hobbs, New Mexico