

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

February 9, 1959

(Place)

(Date)

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

Gulf Oil Corporation
(Company or Operator)

J. F. Janda (NCT-J)
(Lease)

Well No. 3, in SW 1/4 SE 1/4,

0

Sec. 4

T. 23-S

R. 36-E

NMPM,

Undesignated

Pool

Unit Letter

Lea

County Date Spudded 12-7-58

Date Drilling Completed

12-19-58

Please indicate location:

Elevation 3500' GL

Total Depth 3800'

FRTD 3743'

Top Oil/Gas Pay 2226' 3542'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

3706-08', 3725-27' & 3732-34'

Perforations 3542-44', 3626-28', 3638-40', 3647-49', 3676-78',

Open Hole Depth Casing Shoe

Depth Tubing 3706'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used): 43 bbls. oil, 130 bbls. water in 11 hrs, - min. Size Swab

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): 10,000 gals. ref. oil, 1/40# Adomite per gal, 1# SPG in 8 stages

Casing 3400' Tubing 3400' Date first new Press. 1300# oil run to tanks February 1, 1959

Oil Transporter Gulf Refining Co.

Gas Transporter Phillips Petroleum Co.

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)

OIL CONSERVATION COMMISSION

By:

Title Area Production Supt.

Send Communications regarding well to:

Title

Name

Gulf Oil Corporation

Address

Box 2167, Hobbs, New Mexico