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**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - ~~1025~~ ALLOWABLE

New Well

~~2-15-61~~

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

2-15-61

(Place)

(Date)

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

Gulf Oil Corporation

J. F. Janda H

Well No. 4, in SW  $\frac{1}{4}$  SE  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

0

Sec. 11

T. 23S

R. 36E

NMPM,

Langlie-Mattix

Pool

Unit Letter

Lea

County. Date Spudded 1-15-61

Date Drilling Completed 1-24-61

Please indicate location:

Elevation 3416.99'

Total Depth 3710'

PBTD 3690'

Top Oil, Gas Pay 3625'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3657', 3643', 3635', 3625'

Open Hole

Depth

Depth

Casing Shoe

Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 144 bbls. oil, 12BAR bbls. water in 24 hrs, \_\_\_\_\_ min. Size 2 1/2" 80# 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) 2000 gals 15% NEA; 16,000 gals 24 gvy ref oil, 1/10# Adomite

Casing 1800- Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 2250 Press. \_\_\_\_\_ oil run to tanks 2-10-61

Oil Transporter Texas-New Mexico Pipeline Company

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)

Title: \_\_\_\_\_

Area Production Manager

Send Communications regarding well to:

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, N.M.

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_

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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator <b>Gulf Oil Corporation</b>				Lease <b>J. F. Janda <del>WHP</del> NCT-H</b>		Well No. <b>4</b>	
Unit Letter <b>0</b>	Section <b>11</b>	Township <b>23S</b>	Range <b>36E</b>	County <b>Lea</b>			

Pool <b>Langlie-Mattix</b>				Kind of Lease (State, Fed Fee) <b>State</b>			
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If well produces oil or condensate give location of tanks		Unit Letter <b>P</b>	Section <b>11</b>	Township <b>23S</b>	Range <b>36E</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)	
<b>Texas-New Mexico Pipeline Co.</b>		<b>Box 1510, Midland, Texas</b>	

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected <b>2-10-61</b>	Address (give address to which approved copy of this form is to be sent)
<b>Warren Petroleum Corp.</b>		<b>220-61</b>	<b>Box 1197, Buxie, New Mexico</b>

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

New Well . . . . . <input checked="" type="checkbox"/>	Change in Ownership . . . . . <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil . . . . . <input type="checkbox"/> Dry Gas . . . . <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 15th day of February, 19 61

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

*Leslie A. Clements*

*J. F. Janda*

**Area Production Manager**

**Gulf Oil Corporation**

**Box 2167, Hobbs, N.M.**