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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
REQUIRE

This form shall be submitted by the operator before an initial allowable will be assigned to any new drilled 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

January 9, 1963

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

Gulf Oil Corporation

Alice Paddeok

Well No. 2, in NW 1/4 SE 1/4,

(Company or Operator)

(Lease)

J

Sec. 1

T. 22-S

R. 37-E

Blinebry

Pool

Unit Letter

Lea

County. Date Spudded

Date **Recompleted**
1-7-63

Please indicate location:

Elevation **3356**

Total Depth **5700**

PBTD **5698**

Top Oil ~~Pay~~ **5619**

Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL -

Perforations **5653, 5644, 5631 & 5619'**

Open Hole **—**

Depth

Casing Shoe **5700**

Depth

Tubing **5626**

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): **47** bbls. oil, **0** bbls. water in **6** hrs, _____ min. Choke Size **15/64"**

GAS WELL TEST - **GV 2209.0, GOR 11750, Gvty 38.8 Corrected**

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): **300 gals 15% HCl, 24,000 gal gel lse oil w/1/40# Ado M-11 per gal and 1 to 3/4 SPO**

Casing **400 App.** Tubing **3900** Date first new
Press. **2000** oil run to tanks **January 7, 1963**

Oil Transporter **Gulf Refining Co.**

Gas Transporter **Warren Petroleum Corporation**

Remarks: *** 4-1/2" liner, top at 5040'.**

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Gulf Oil Corporation

(Company or Operator)

By: *(Signature)*
(Signature)

Area Production Manager

Title _____ Send Communications regarding well to:

Name **Gulf Oil Corporation**

Address **Box 2167, Hobbs, New Mexico**