DISTRIBUTION BANTA FE FILE U.S.G.S. LAND OFFICE THANSPORTER GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (GAS) ALLOWAPLE

HOSBS OFFICE CCC

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.

				•	Hebbs, New Mexico July 9, 1962
UT ADT	nepei	RV DE	NI TECT		(Place) (Date) FOR A WELL KNOWN AS:
balf Of	11 Com	porati	go Est. On:	ALLOWABLE I	n, Well No2, in
(•	Joinpany	or Open	(tor)	(Lea	ase)
G Unit Letter		., Sec	10	T 22-5 R 37-	'-E , NMPM, Remont (Gas) Pool
· · ·					Managen ? of and
		dicate location:		Elevation Elevation	d
r ic.	ase mul				Name of Prod. Form.
D (C	В	A	PRODUCING INTERVAL -	
				Perforations 3432 -	elec
E	F	G	H		Penth
		•			Casing Shoe Tubing Tubing
L	K	J	I	OIL WELL TEST -	Choke
					bbls.oil, bbls water in hrs, min. Size
M	N	0	P		cture Treatment (after recovery of volume of oil equal to volume of
	*		F .	load oil used):	bbls.oil,bbls water inhrs,min. Size
				GAS WELL TEST -	
	FOOTAGE			_ Natural Prod. Test:	MCF/Day; Hours flowedChoke Size
	sing and		ing Reco	_	ot, back pressure, etc.):
Size	Fo	et	Sax		cture Treatment: 22k MCF/Day; Hours flowed 2k
				1	thod of Testing: Gritical Flow Prover
iges.	+				
-5/8=	28	0 2	190	Acid or Fracture Treatme	ent (Give amounts of materials used, such as acid, water, oil, and
				Casing Tubing	300 Date first new SPG
-1/2"	315	0 1	50	Press. 201) Press.	oil run to tanks
	1			Gil Transporter MG	
				Gas Transporter Ma	Fren Petroleum Corporation
marks:		••••••••	••••••		
	• • • • • • • • • • • • • • • • • • • •		•••••••		
		·•·····			
I here	by certif	fy that	the info	rmation given above is tr	rue and complete to the best of my knowledge.
proved	• • • • • • • • • • • • • • • • • • • •	-	· /*· · · · · · · · · · · · · · · · · ·	, 19	Gulf Oil Corporation (Company or Operator)
0	/225				2 De XIII El
0	IN CON	NSERV	ATION	COMMISSION	By: (Signature)
	//	/			Title Area Production Manager
	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		····/·····	· · · · · · · · · · · · · · · · · · ·	Send Communications regarding well to:
le			•		Name Gulf Oil Corporation
		//			Address Box 2 167, Hebbs, New Mexico