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**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico  
**REQUEST FOR (OIL) - ~~LEASE~~ ALLOWABLE**

(Form C-104)  
Revised 7/1/59

New Well  
~~RENEWAL~~

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**

**12-1-60**

(Place)

(Date)

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

**Gulf Oil Corporation**

**Higgins**

, Well No. **2**, in **NE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**I**, Sec. **29**, T. **22S**, R. **38E**, NMPM, **Drinkard** Pool

Unit Letter

**Lea**

County. Date Spudded **8-16-60**

Date Drilling Completed **9-23-60**

Please indicate location:

Elevation **3385.55** Total Depth **7200** PBD **7195**

Top Oil/Lease Pay **7022** Name of Prod. Form. **Drinkard Limestone**

PRODUCING INTERVAL - **7022-24', 7032-34', 7042-44', 7072-74', 7090-92',**

Perforations **7102-04', 7139-41', 7183-85'**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Depth Tubing **7142**  
Casing Shoe \_\_\_\_\_

**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): **20** bbls. oil, **2** bbls water in **24** hrs, \_\_\_\_\_ min. Size **2" 10** 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): **16,000 gals 15% Acid.**

Casing **pk** Tubing **1500** Date first new **12-1-60**  
Press. **4200** Press. **4200** oil run to tanks

Oil Transporter **Texas-New Mexico Pipeline Corp.**

Gas Transporter **Vented**

Remarks: **Dual completion - Hinesky & Drinkard Oil Pools. This is Drinkard Oil.**

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 Petroleum Engineer**

Send Communications regarding well to:

Name **Gulf Oil Corporation**

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

OIL CONSERVATION COMMISSION

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

Title \_\_\_\_\_

Size	Feet	Sax
9-5/8"	1349	800
7"	7189	815
2-3/8"	5651	-
2-7/8"	7142	-

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P