

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

Roswell, New Mexico

12/21/59

(Place)

(Date)

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

Gulf Oil Corporation Evelyn Lineberry

Well No. 1, in NE 1/4 SW 1/4,

(Company or Operator)

(Lease)

K
Unit Letter

Sec. 29

T. 22S

R. 36E

NMPM, Tubb Gas

Pool

Lea

County. Deuel

Deal Started

11-30-59

Completed

12-21-59

Elevation

3321

Total Depth

7052'

PBTD

6847'

Please indicate location:

Top Oil/Gas Pay 6112'

Name of Prod. Form.

Tubb

PRODUCING INTERVAL -

Perforations 6232-30', 6218-16', 6185-60', 6143-41', 6114-12'

Open Hole

Depth

Casing Shoe 6906'

Depth

Tubing 6200'

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: 1916 MCF/Day; Hours flowed 5

Choke Size 17/64" Method of Testing: 2" Critical Flow Prover

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Permian Basin Pipeline Company

Remarks:

Filed in compliance with Rule 11 Order R-586 for Tubb Gas Pool

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved December 21, 1959

Gulf Oil Corporation

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

Title District Production Manager

Send Communications regarding well to:

Name

Address

By:

Title

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