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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE
HOBBS OFFICE OCC

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any oil, gas 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 April 27, 1962
(Place) (Date)

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

Gulf Oil Corporation Vivian, Well No. 2, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
T. 22-S, R. 38-E, NMPM., Elinchry Pool
Unit Letter

Lee County. Date Spudded 4-26-62 Date Recompleted
Elevation 3355 Total Depth 6925 PBTD 6907

Please indicate location:

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

Top Oil Pay 5630 Name of Prod. Form. Elinchry

PRODUCING INTERVAL -

Perforations 5748, 5724, 5704, 5641 & 5630
Open Hole --- Depth 6815 Depth 5602
Casing Shoe Tubing

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): 51270 bbls. oil, 0 bbls water in 2 hrs, 30 min. Choke Size 30/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	326	300
9-5/8"	2950	1300
7"	6815	700
2-3/8"	5602	

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): Acidized W/500 gal and 1/400 lbs. Acetic M-11 & 3/4 870
oil and 15% HCl & Free W/24,000 gal 24 Qty Ref

Casing 700 Tubing 5300 Date first new 4-19-62
Press. 900 Press. 4500 oil run to tanks

Oil Transporter Gulf Oil Corporation - Crude Oil Dept. Trucks

Gas Transporter None - Producing into test tank

Remarks: _____

Abandon Drinkard oil and Dual completed Elinchry oil with existing Tubb Gas.

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: Shirley Russell
(Signature)

OIL CONSERVATION COMMISSION

Title: Area Production Manager

By: _____

Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Box 2167, Hobbs, New Mexico