

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
REGISTRATION OFFICE	
OPERATOR	

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

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

HOEBS OFFICE OCC

~~Recompletion~~
 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 ~~1962 APR 24~~ ~~Form C-104~~ ~~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

April 23, 1962

(Place)

(Date)

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

Gulf Oil Corporation Scarborough Estate, Well No. 2, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
 (Company or Operator) (Lease)

H, Sec. 31, T. 22-S, R. 38-E, NMPM, Blinsbry Oil Pool

Unit Letter

Lea

County. Date Spudded Recompleted 4-16-62

Elevation 3357' Total Depth 7060 PBD 6690

Please indicate location:

Top Oil/~~XX~~ Pay 5624 Name of Prod. Form. Blinsbry

PRODUCING INTERVAL -

Perforations 5813-15', 5773-80', 5730-32', 5694-96', 5656-58' & 5624-26'

Open Hole --- Depth --- Casing Shoe 7060 Depth --- Tubing 5605

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): 100 bbls. oil, 13 bbls water in 5 hrs, _____ min. Size 25/64" Choke

GAS WELL TEST -

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

1880' FNL, 660' FEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	256	300
9-5/8"	3100	1500
7"	7060	600
2-3/8"	5605	

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): Acidised w/500 Gals 15% NEA, Frac w/24,000 gals ref oil w/1/40" Ado M-11 & 3/4 SFG

Casing 200 Tubing 4800 Date first new 4-1-62
 Press. 1200 Press. 3700 oil run to tanks

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter Warren Petroleum Corp.

Remarks:

Abandoned Drinker and Dual Completed Blinsbry oil with existing Tubg 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)

OIL CONSERVATION COMMISSION

By: [Signature]

(Signature)

By: _____

Title: Area Production Manager

Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Box 2167, Hebbs, New Mexico