REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well 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-164 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 February 5, 1956 (Place) (Date) | |
|---|---------------|---|---|--|--|
| Gulf O | HEREBY | REQUEST | ING AN ALLOWABLE | E FOR A WELL KNOWN AS: | |
| ((| Company of C | gerator) | Scarborough Es | State , Well No2 , in SE /4 NE , | |
| H | Se | 31 | T. 22-5 , R 38-5 , NMPNirinkard Poo | | |
| Unit 1 | Letter | | Rath. | , NMPNETUKAROPo | |
| ************ | Le | | County. Date Spudd | led 10-24-57 Date Drilling Completed 12-6-57 | |
| Ple | ase indicate | location: | iotal bepth 70601 PBTD 70621 | | |
| DI | C B | A | Top 011/GEE Pay 68) | Name of Prod. Form. Drinkard | |
| | | | PRODUCING INTERVAL - | | |
| _ + | | | Perforations 6813 | !!~7051! | |
| E | F G | H | l . | | |
| L 1 | | | OII WELL TEST | Depth Casing Shoe 70601 Tubing 70701 | |
| L | K J | I | OIL WELL TEST - | | |
| | | 1. | Natural Prod. Test: | Choke bbls.oil, bbls water in hrs, min. Size | |
| M | N O | P | Test After Acid or Fra | acture Treatment (after recovery of volume of oil equal to volume of | |
| | " " | 1 | load oil used): 3(| Choke Obbls.oil, Obbls water in 21. hrs, min. Size 26/1 | |
| | | | GAS WELL TEST - | 1111 S120 36/ | |
| | | | Natural Prod Toots | | |
| Tubing Ca | sing and Cem | enting Reco | rd Nothed of Table () | MCF/Day; Hours flowedChoke Size | |
| Size | Feet | Sax | me and of learning (bit | ot, back pressure, etc.): | |
| | | | lest After Acid or Fra | cture Treatment: MCF/Day; Hours flowed | |
| 13-3/8 | 241 | 300 | Choke SizeMe | thod of Testing: | |
| 9-5/8 | 30891 | 7000 | Acid or Fracture Treats | ment (Give amounts of materials used, such as acid, water, oil, and | |
| 7770 | 30071 | 1550 | sand): 10.000 | gallons 15% soid | |
| 7= | 70491 | 600 | Casing Tubing | Date first new oil run to tanks 2-1-58 | |
| | | | Press. Press. | oil run to tanks 2-1-58 | |
| | | | | as New hexico Pipeline Co. | |
| Damanla | T4 | ie mea | Gas Transporter | | |
| Kemarks: | eí | fective | February 1, 1958. | ell be placed in the Proration Schedule | |
| *************************************** | | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | |
| ••••••• | •••••• | ••••••• | ************************************* | | |
| I hereb | y certify tha | at the info | rmation given above is t | rue and complete to the best of my knowledge. | |
| Approved | | *************************************** | , 19 | Gulf Gil Corporation | |
| | | | | (Company or Operator) | |
| OII | L CONSER | VATION | COMMISSION | By: 5 | |
| | 1. 1 | 7 | i | (Signature,# | |
| By: | <u> </u> | | The first of the second | | |
| Title | <i>J</i> ' | | | Send Communications regarding well to: | |
| | | ****************** | *************************************** | Name Gulf Wil Corporation | |
| | | | | Box 2167, Hobba, Now Maria | |
| | | | | Address McALEO | |