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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Hobbs, New Mexico

7-22-63

(Place)

(Date)

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

Gulf Oil Corporation

Searborough Estate

Well No. 3, in NE 1/4, SE 1/4,

(Company or Operator)

(Lease)

I, Unit Letter

Sec. 31

T. 22S

R. 38E

NMPM,

Undesignated

Pool

Lea

County. Date Spudded

Date Re-completed

7-21-63

Please indicate location:

Elevation 3352'

Total Depth

7608'

PBTD

7553'

Top Oil/ Gas Pay 7492'

Name of Prod. Form.

Pre-Permian Detrital

PRODUCING INTERVAL -

Perforations 7492-7502'

Open Hole

Depth

Casing Shoe

Depth

Tubing

7500'

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): 215 bbls. oil, 0 bbls. water in 24 hrs, min. Size 22/64"

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): 500 gals 10% MEA

Casing Tubing 3100- Date first new Press. 1800 oil run to tanks 7-19-63

Oil Transporter Permian Corporation

Gas Transporter

Remarks: Dual Order MC-1340

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 Production Manager

Send Communications regarding well to:

Name: Gulf Oil Corporation

Address: Box 670, Hobbs, N.M.

OIL CONSERVATION COMMISSION

By: (Signature)

Title: