

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 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
(Place)

December 28, 1959
(Date)

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

Gulf Oil Corporation Scarborough Estate, Well No. 3, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

I, Sec. 31, T. 22-S, R. 38-E NMPM, South Paddock (Ext.) Pool
Unit Letter

Date Recompleted 12-21-59

Loc

County Date Spudded

Date Drilling Completed

Please indicate location:

Elevation 3360' GL Total Depth 7100' PBD 6810'

Top Oil/Gas Pay 5128' Name of Prod. Form Paddock

PRODUCING INTERVAL -

Perforations 5128-5140'

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 5140'

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): 54 bbls. oil, 38 bbls. water in 24 hrs, _____ min. Size 2" WO

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 15% NE acid

Casing _____ Tubing 1200- Date first new _____
Press. _____ Press. 600' oil run to tanks December 21, 1959

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter Warren Petroleum Corp.

Remarks:

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: _____

By: Jim Russell
(Signature)

Title _____

Title Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167, Hobbs, N. M.