

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-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 February 18, 1958
(Place) (Date)

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

Gulf Oil Corporation Scarborough Estate, Well No. 3, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)
I, Sec. 31, T. 22-S, R. 38-E, NMPM., Drinkard Pool
Unit Letter

Lea County. Date Spudded 12-12-57 Date Drilling Completed 1-25-58

Please indicate location:

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

Elevation 3360' Total Depth 7100' FBD 7094'

Top Oil/Gas Pay 6896' Name of Prod. Form Drinkard

PRODUCING INTERVAL -

Perforations 6896-7074'

Open Hole Depth Casing Shoe 7099' Depth Tubing 7035'

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): 19 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size 32/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	264'	325
9-5/8"	3088'	1080
7"	7088'	1000

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): 12,000 gallons 15% acid

Casing Tubing Date first new Press. _____ oil run to tanks 2-11-58

Oil Transporter Texas New Mexico Pipeline Co.

Gas Transporter Warren Pet. Co.

Remarks: It is requested that this well be placed in the Proration Schedule effective February 11, 1958.

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: *[Signature]*

Title: Area Supt. of Prod.
Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, New Mexico