

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.

Fort Worth, Texas
(Place)

1-29-99
(Date)

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

Gulf Oil Corporation Searborough Estate, Well No. 4, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

Unit Letter, Sec. 31, T. 22-S, R. 38-E, NMPM, Tubb Gas Pool

Lea County. Date Spudded 10-26-98 Date Drilling Completed 11-27-98
Elevation 3324.2' Total Depth 7085' PBD 7078'

Please indicate location:

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

Top Oil/Gas Pay 5940' Name of Prod. Form. Tubb

PRODUCING INTERVAL

Perforations 5094', 6084', 6112', 6131', 6158', 6174', 6189', 6204'

Open Hole Packer set at 5819' Casing Shoe Depth Tubing

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	365	400
8 5/8"	3,200	1,625
5 1/2"	7,083	830

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 3400 MCF/Day; Hours flowed 1/4

Choke Size _____ Method of Testing: 4" orifice well tester and 1200 psi back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. mud acid 40,000 gals. Bryson Fuel with 1 to 3% SD/gal. and 1/40 Adomite.

Casing Press. 1840# Tubing Press. 2100# Date first new oil run to tanks

Oil Transporter _____

Gas Transporter Permian Basin Pipeline Co.

Remarks: Filed in compliance with Rule 11, Order R-586. Application for a 40-acre non-standard gas proration unit will be submitted.

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)

OIL CONSERVATION COMMISSION

By: _____

Title: _____ Unit Supervisor
Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Address: Hobbs, New Mexico