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NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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 QUADRUPLICATE to the same District Office to which Form C-100 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) September 11, 1961 (Date)

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

Gulf Oil Corporation (Company or Operator) T. R. Andrews (Lease), Well No. 5, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
A Unit Letter, Sec. 32, T. 22-S, R. 38-E, NMPM., Drinkard Pool

Lea

Please indicate location:

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

560' North 660' East

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8"</u>	<u>1400</u>	<u>900</u>
<u>7"</u>	<u>7134</u>	<u>2232</u>
<u>2-3/8"</u>	<u>6692</u>	

County Lea Date Spudded July 4, 1961 Date Drilling Completed July 30, 1961
 Elevation 3974' Total Depth 7150' PBTD 7140'

Top Oil/Gas Pay 6876' Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 7108-10, 7060-62, 7014-16, 6890-92, 6876-78
 Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 6692'

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): 49 bbls. oil, 30 ~~BAR~~ water in 8 hrs, _____ min. Size 12/64

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): 1000 gals 15% HCl, 14000 Dole free

Casing _____ Tubing _____ Date first new

Press. _____ Press. 1800# oil run to tanks 9-1-61

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter Warren Petroleum Corp.

Remarks:

Dually completed with Blinberry - Order MC-1097

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: John Russell
 (Signature)

OIL CONSERVATION COMMISSION

By: _____

Title Area Production Manager
 Send Communications regarding well to:

Title _____

Name Gulf Oil Corporation

Address Box 2167, Hobbs, New Mexico