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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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 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 August 25, 1961
(Place) (Date)

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

Gulf Oil Corporation T. R. Andrews, Well No. 5, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 32, T. 22-S, R. 32-E, NMPM, Elmhurst Pool
Unit Letter

Lea County. Date Spudded July 4, 1961 Date Drilling Completed July 30, 1961
Please indicate location: Elevation 3374' Total Depth 7154' PBD 7140'

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

Top Oil/Gas Pay \$653 Name of Prod. Form. Elmhurst

PRODUCING INTERVAL -

Perforations 5848-50, 5821-23, 5766-68, 5720-22, 5673-75, 5653-55'

Open Hole Depth Casing Shoe Tubing 5653'

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 load oil used): 119 bbls. oil, 98 No. 160s bbls. water in 17 hrs, min. Size 12/64 Choke

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. mud acid, 24,000 gals. ref. oil, 1/40# admite PG, 3/4 SPG
Casing Tubing 6789 Date first new
Press. 1253 oil run to tanks August 10, 1961

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)

By: C. M. Bumpass
(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

1. The first part of the report is a general introduction to the subject.

2. The second part of the report is a detailed description of the methods used in the study.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is a list of appendices.

6. The sixth part of the report is a list of figures and tables.

7. The seventh part of the report is a list of footnotes.

8. The eighth part of the report is a list of abbreviations.

9. The ninth part of the report is a list of symbols.

10. The tenth part of the report is a list of references.

11. The eleventh part of the report is a list of references.

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Gulf Oil Corporation		1961 AUG 25 PM 3 23		Well No. 5
Unit Letter A	Section 32	Township 22-S	Range 38-E	County Lea
Pool Blinchry (Oil)			Kind of Lease (State, Fed, Fee) State	
If well produces oil or condensate give location of tanks		Unit Letter J	Section 32	Township 22-S
				Range 38-E
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline Co.		Box 1510, Midland, Texas		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected 8-25-61	Address (give address to which approved copy of this form is to be sent)	
Warren Petroleum Corporation			Box 1197, Durice, New Mexico	

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☒
Change in Transporter (check one)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate . . ☐

Change in Ownership ☐
Other (explain below)

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **25th** day of **August**, 19**61**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

J. M. Russell
Area Production Manager
Gulf Oil Corporation
Box 2167, Hobbs, New Mexico