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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) ~~WATER~~ ALLOWABLE

2000 LHM FC PM 3 25th Well
~~2000 LHM FC PM 3 25th Well~~

This form shall be submitted by the operator before an allowable is assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the Land 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 mscf at 60° Fahrenheit.

Hobbs, New Mexico

January 21, 1963

(Place)

(Date)

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

Gulf Oil Corporation

Searborough Estate

Well No. 7, in NW 1/4, SW 1/4,

(Company or Operator)

(Lease)

K, Sec. 31, T. 22S, R. 38E, NMPM, Wildcat Pool

Lea

County Date Spudded 11-27-62

Date Drilling Completed 1-11-63

Please indicate location:

Elevation 3316.96'

Total Depth 8074' PBID 8040'

Top Oil/Water Pay 7827'

Name of Prod. Form. Ellenburger

PRODUCING INTERVAL -

Perforations 7827', 7851'

Open Hole Depth 8074' Casing Shoe 7852'

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): 242 bbls. oil, 15 bbls. water in 24 hrs, min. Size 14/64" Choke

GAS WELL TEST -

Natural Prod. Test: MCF/day: Hours flowed Choke Size

Method of Testing (pinot, 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

Casing 200- Tubing 750 Date first new oil run to tanks 1-19-63 Press. 0# pkr Press. 750

Oil Transporter The Permian Corporation

Gas Transporter

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: (Signature)

By:

Title Area Production Manager

Send Communications regarding well to:

Title

Name Gulf Oil Corporation

Box 2167, Hobbs, New Mexico