

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.

Fort Worth, Texas

4-2-59

(Place)

(Date)

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

Gulf Oil Corporation (Company or Operator) Vinson-Ramsey "A" (Lease), Well No. 2, in SE 1/4, NE 1/4,

H Sec. 12, T. 26-S, R. 36-E, NMPM, Jalmat Gas Pool
Unit Letter
Recompletion started 4-21-58

Lea County. Date Spudded 7-8-41 Date Drilling Completed 8-20-58

Please indicate location:

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

Elevation 2593' Total Depth 3177' PBTD 2884'

Top Oil/Gas Pay 2772' Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations 2772-2778', 2782-2794', 2818-2824', 2828-2840', 2860-2884'

Open Hole Packer set at 2884' Depth Casing Shoe Depth Tubing

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

GAS WELL TEST -

Natural Prod. Test: 1515 MCF/Day; Hours flowed 24 Choke Size _____

Method of Testing (pitot, back pressure, etc.): Four Point Back Pressure

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 and 30,000 gals. lse. oil/1/40# adomite

Casing Tubing Date first new Press. 875# Press. 720# oil run to tanks and 1# SPG.

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: Filed in compliance with Rule 11, Order R-530. Application for a 160-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)

OIL CONSERVATION COMMISSION

By: _____

By: J. M. King, Jr.
(Signature)

Title: Unit Supervisor
Send Communications regarding well to:

Title _____

Name: Gulf Oil Corporation

Address: Hobbs, New Mexico