

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 the 5th 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.

Kernit, Texas

June 2, 1961

(Place)

(Date)

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

Gulf Oil Corporation

E. C. Hill (Tr A)

, Well No. **1**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

K

Sec **27**

T

23 S

R

37 E

NMPM,

Langlie - Mattix

Pool

Unit Letter

Lee

County Date Spudded **8-8-50**

Date Drilling Completed **10-29-50**

Please indicate location:

Elevation **3292**

Total Depth **9765'** PBTD **3570**

Top Oil/Gas Pay **3511'**

Name of Prod. Form. **Langlie-Mattix**

PRODUCING INTERVAL -

Perforations **3511 - 17', 3541 - 44'**

Open Hole **None**

Depth

Casing Shoe

Depth

Tubing **3500**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **5** bbls. oil, **3** bbls water in **2 1/2** hrs, _____ min. Choke Size **2 1/2"**

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): **2000 gal 15% NE Acid & 10,000 gal Fran.**

Casing **2500** Tubing **2500** Date first new oil run to tanks **5-17-61**

Oil Transporter **Gulf Refining Co.**

Gas Transporter **El Paso Natural Gas Co.**

Tubing, Casing and Cementing Record

Size	Feet	Size
13-3/8	278	300
9-5/8	2894	1300
7	9772	1175
2-3/8	3500	

Remarks: *Remove from schedule - League Ellenberger*

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]*

(Signature)

By: _____

Title **Area Engineer**

Send Communications regarding well to:

Title _____

Name **Gulf Oil Corporation**

Address **Box 766 Kernit, Texas**