

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 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

5-4-59

(Place)

(Date)

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

Gulf Oil Corporation

C. E. LaMayon

Well No. 4

NW

NW

(Company or Operator)

(Lease)

D

Sec. 29

T. 23-S

R. 37-E

NMPM

Jalnet Gas

Pool

Unit Letter

Lea

County. Date Spudded

9-24-54

Date Drilling Completed

4-2-59

Elevation

3297'

Total Depth

3620'

PBTD

3288'

Please indicate location:

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

Top Oil/Gas Pay

2772'

Name of Prod. Form.

Yates and Seven Rivers

PRODUCING INTERVAL -

2772-3103'

Perforations

Open Hole

Packer set at 3300'

Depth

Depth

Casing Shoe

Tubing

3024'

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: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------|------|-----|
| 13-3/8" | 42 | 45 |
| 9-5/8" | 1190 | 400 |
| 5-1/2" | 3479 | 150 |
| 2 | | |

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 amount of material used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new

Press. _____ Press. _____ oil run to tanks

Oil Transporter

Gas Transporter Permian Basin Pipeline Company

Remarks:

Filed in compliance with Rule II, Order R-520. Application for 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.

Gulf Oil Corporation

Approved: _____, 19_____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

Title: _____

Unit Supervisor

Send Communications regarding well to:

Name: _____

Gulf Oil Corporation

Address: _____

Hobbs, New Mexico