

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.

Kermit, Texas
(Place)

March 16, 1962
(Date)

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

Gulf Oil Corporation, W. A. Ramsay "C"

Well No. 3, in NW $\frac{1}{4}$ SE $\frac{1}{4}$

(Company or Operator)

(Lease)

L, Sec. 36, T. 24S, R. 37E, NMPM., North Justis Pool

Unit Letter

Lea

County. Date Spudded 11-7-61

Date Drilling Completed 1-3-62

Elevation 3139.97

Total Depth 8520 PBD 8448

Please indicate location:

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

Top Oil/Gas Pay 8030

Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations 8030-34', 8038-42', 8070-74', 8083-87

Open Hole None Depth 8520 Casing Shoe 8520 Depth 7960 Tubing

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): 61 bbls. oil, 4 bbls. water in 24 hrs, 0 min. Choke Size 20/64

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>13-3/8</u>	<u>981</u>	<u>880</u>
<u>9-5/8</u>	<u>3450</u>	<u>730</u>
<u>7-5/8</u>	<u>93</u>	<u>700</u>
<u>7</u>	<u>8411</u>	
<u>2-3/8</u>	<u>7960</u>	

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): 7500 15% NE acid

Casing Pkr Tubing 2400 Date first new oil run to tanks 3-12-62

Oil Transporter Texas - New Mexico Pipe Line Company

Gas Transporter _____

Remarks: Please make allowable effective 3-12-62

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved March 16, 19 62

OIL CONSERVATION COMMISSION

By: _____

Title _____

Gulf Oil Corporation

(Company or Operator)

By: M. M. Hester

(Signature)

Area Engineer

Title _____
Send Communications regarding well to:

Gulf Oil Corporation

Name _____
P. O. Box 980, Kermit, Texas

Address _____