

# 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.

Hobbs, New Mexico October 7, 1958  
(Place) (Date)

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

Gulf Oil Corporation Learey McBuffington, Well No. 4, in SE 1/4 SW 1/4,

(Company or Operator) (Lease)  
N 13, Sec. 13, T. 25, R. 37, NMPM., Blinbry Oil Pool

Lea

Please indicate location:

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

County. Date Spudded 9-8-57 Date Drilling Completed 11-2-57  
Elevation 3191 Total Depth 8264' PBTD -

Top Oil/Gas Pay 5134 Name of Prod. Form. Blinbry

## PRODUCING INTERVAL -

Perforations 5134-5547'

Open Hole 8230-8264' Depth Casing Shoe 8230' Depth Tubing 5115'

## 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): 377 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 20/64"

## 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): 12,750 gal acid, 20,000 gal lse oil w/ 1/40# Adomite & 1# sand  
Casing Press. 1900# Tubing Press. 1800# Date first new 8-4-58 Per gal.

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter El Paso Natural Gas Co.

Remarks:

It is requested this well be placed on the proration schedule effective 10-1-58.

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)

By: *C. F. Taylor*  
(Signature)

Title Area Production Supt.

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 2167 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title \_\_\_\_\_