

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.

Hobbs, New Mexico

7-7-58

(Place)

(Date)

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

Gulf Oil Corporation

Learey McBuffington

Well No. 8, in SE 1/4 SW 1/4,

(Company or Operator)

(Lease)

Unit Letter

N

Sec. 13

T. 25

R. 37

NMPM,

Undesignated

Pool

Lea

County. Date Spudded 5-24-58

Date Drilling Completed 6-20-58

Please indicate location:

Elevation 3079 (OL) Total Depth 7052' BPTD 7047'

Top Oil/Gas Pay 6886' Name of Prod. Form. Montoya

PRODUCING INTERVAL -

Perforations 6886-7032'

Open Hole - Depth 7052' Casing Shoe 7033' Depth 7033'

OIL WELL TEST -

Natural Prod. Test: 135 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 1 1/2"

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. Choke Size

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):

Casing Press. Tubing Press. Date first new oil run to tanks 7-2-58

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter El Paso Natural Gas Co.

Remarks: It is requested this well be placed on production schedule effective 7-1-58

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

Approved: 58, 19

Gulf Oil Corporation

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

By: [Signature] 59 1829

(Signature)

Title: Area Production Supt.

Send Communications regarding well to:

Title: [Signature]

Name: Gulf Oil Corporation

Address: Box 2167 - Hobbs, New Mexico