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 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) 3-30-60 (Date)

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

Gulf Oil Corporation (Company or Operator) Arnott Ramsay "F" (Lease), Well No. 5, in NE ¼ NE ¼,

A (Unit Letter), Sec. 36, T 25S, R 37E, NMPM., Justis-Drinkard Pool

Lea County. Date Spudded 12-12-59 Date Drilling Completed 1-25-60

Elevation 3042.75 Grd Total Depth 6355 PBTD 6317

Top Oil/Gas Pay 5890 Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 5890-5910'

Open Hole ____ Casing Shoe ____ Depth Tubing 5929'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 53 bbls.oil, 22 bbls water in 24 hrs, ____ min. Size 16/64" Choke

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): 500 gallons mud acid

Casing Press. Pkr | Tubing Press. 2900 | Date first new oil run to tanks 3-26-60

Oil Transporter 1800# Permian Oil Company

Gas Transporter El Paso Natural Gas Company

Please indicate location:

D	C	B	A •
E	F	G	H
L	K	J	I
M	N	O	P

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	824'	Circ
7"	6347'	754
2-3/8"	5937'	

Remarks:

Dual completion approved under Order No. DC-918

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

Approved ____, 19 ____

OIL CONSERVATION COMMISSION

By: ____

Title ____

(Company or Operator)

By: ____ (Signature)

Title Area Production Manager

Send Communications regarding well to:

Name Gulf Oil Corporation

Address Box 766, Kermit, Texas

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate District office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator **Gulf Oil Corporation** Lease **Arnott-Ramsay "F"**

Well No. **5** Unit Letter **A** S **36** T **25S** R **37E** Pool **Justis-Drinkard**

County **Lea** Kind of Lease (State, Federal or Patented) **State**

If well produces oil or condensate, give location of tanks: Unit **A** S **36** T **25S** R **37E**

Authorized Transporter of Oil or Condensate **Permian Oil Company**

Address **Box 4157, Midland, Texas**
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas **El Paso Natural Gas Company**

Address **Box 1384, Jal, New Mexico** Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

_____

_____

_____

Reasons for Filing: (Please check proper box) New Well (x)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) Casinghead ( ) Condensate ( )

Change in Ownership _____ ( ) Other _____ ( )
(Give explanation below)

Remarks:

Dual completion approved on order No. DC-918

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **30th** day of **March** 19 **60**

By _____

Title **Area Production Manager**

Company **Gulf Oil Corporation**

Address **Box 766**

Kermit, Texas

Approved _____ 19___

OIL CONSERVATION COMMISSION

By _____

Title _____