

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

2-12-60

(Place)

(Date)

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

Gulf Oil Corporation **Arnett Ramsay "F"**, Well No. **5**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$.
(Company or Operator) (Lease)

A **Lea**, Sec. **36**, T. **25S**, R. **37E**, NMPM, **Justis-Blinebry** Pool

County **Lea** Date Spudded **12-12-59** Date Drilling Completed **1-25-60**
Elevation **3042.75 Grd** Total Depth **6355** FRTD **6317**

Top Oil/Gas Pay **5231** Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL -

Perforations **5231-5467'**

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____

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): **166** bbls. oil, **-** bbls. water in **20** hrs, _____ min. Size **13/64"**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	824'	Circ.
7"	6267'	754
2-3/8"	5233'	

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): **32,000 gals refined oil w/3# sd & 1/40# Adomite pg.**

Casing **2000-** Tubing **1800** Date first new **2-8-60**
Press. **3100#** Press. **2500#** oil run to tanks

Oil Transporter **Permian Oil Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks: _____

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)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

Title _____

Title **Area Production Manager**
Send Communications regarding well to:

Title _____

Name **Gulf Oil Corporation**

Address **Box 766, Kermit, Texas**

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION 7-43
TO TRANSPORT OIL AND NATURAL GAS

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

Well No. 5 Unit Letter A S 36 T25S R37E Pool Justis-Blinberry

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

If well produces oil or condensate, give location of tank Unit A S 36 T25 R 37

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 Co.

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 xx

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

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

Executed this the 12th day of February 19 60

By [Signature]

Approved _____ 19 _____

Area Production Manager

OIL CONSERVATION COMMISSION

Company Gulf Oil Corporation

By [Signature]

Box 766

Title _____

Kermit, Texas