

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

June 21, 1961

(Place)

(Date)

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

Gulf Oil Corporation

Arnett Ramsay "F"

Well No. **9**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

B

Sec. **36**

T **25-S**

R. **37-E**

NMPM,

Justis-Fusselman

Pool

Unit Letter

Isa

County **Isa** Date Spudded **4-29-61**

Date Drilling Completed **6-5-61**

Please indicate location:

Elevation **3043.8** Total Depth **6950'** BTD **6935**

Top Oil/Gas Pay **6858** Name of Prod. Form. **Justis-Fusselman**

PRODUCING INTERVAL -

Perforations **6858-66', 6879-87'**

Open Hole **None** Depth **6950'** Depth **6888'**

OIL WELL TEST -

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

Test After Acid ~~XXXXXX~~ Treatment (after recovery of volume of oil equal to volume of load oil used): **141** bbls. oil, **Trace** bbls. water in **26** hrs, **30** min. Choke Size **12/64**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8	867	400
7"	6939	915
2-3/8"	6888	

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): **1000 gal mud acid, Flush w/37 Bbls lease oil**

Casing **Flr** Tubing **375** Date first new **6-18-61**
Press. **Flr** Press. **375** oil run to tanks

Oil Transporter **Texas-New Mexico Pipe Line Co.**

Gas Transporter **El Paso Natural Gas Co.**

Remarks: **Please make allowable effective 6-18-61**

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]*

By: *[Signature]*

(Signature)

Title: **Area Engineer**
Send Communications regarding well to:

Title _____

Name **Gulf Oil Corporation**

Address **Box 766 Kermit, Texas**