

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 Area March 29, 1962
(Place) (Date)

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

Gulf Oil Corporation Arnott Ramsay "F" Well No. 12, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)

E Unit Letter Sec. 36 T 25-S R 37E NMPM Justis - Blinbry Pool

Lea County Date Spudded 12-8-61 Date Drilling Completed 1-6-62

Please indicate location.

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

Elevation 3029.92 Total Depth 5880 PBTD 5869

Top Oil/Gas Pay 5229 Prod. Form Blinbry

PRODUCING INTERVAL -

Perrations 5229-33', 5254-58', 5274-78', 5337-41, 5381-85', 5432-36'.

Open Hole None Casing Depth 5880' Depth Tubing 5225

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (at least 1/2 of volume of oil equal to volume of load oil used): 81 bbls. oil, 0 bbls. water in 22 hrs, 30 min. Size 6/64

GAS WELL TEST -

Natural Prod. Test: _____ Mscf. gas flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8	324	300
7-5/8	64	
7	5801	720
2-3/8	5225	

Method of Testing (pilot, back pressure, _____)

Test After Acid or Fracture Treatment _____ Hours flowed _____

Choke Size _____ Method of Testing _____

Acid or Fracture Treatment (Give amount of materials used, such as acid, water, oil, and sand): 500 gal mud acid & 24,000 gal fracture treatment

Casing Tubing Date Run _____ Press. 3500 Press. _____ Oil Run _____ 2-20-62

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter El Paso Natural Gas Company

Remarks: Please make allowable effective 3-22-62

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

Approved March 29, 1962 Gulf Oil Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ Signature

By: _____ Title _____

Send Communications regarding well to:

Title _____ Name _____

Name Gulf Oil Corporation

Address P. O. Box 980, Kermit, Texas