

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

October 20, 1958

(Place)

(Date)

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

Gulf Oil Corporation (Company or Operator) Vinson-Ramsay (NCT-B) (Lease), Well No. 6, in NE 1/4, SW 1/4,

K, Sec. 36, T. 25-S, R. 37-E, NMPM, Undesignated Pool

Lea

County Date Spudded 8-8-58

Date Drilling Completed 9-27-58

Please indicate location:

Elevation 3026' GL Total Depth 5800' FBID 5710'

Top Oil/Gas Pay 5359' Name of Prod. Form. Blinbery

PRODUCING INTERVAL -

Perforations 5359-5493'

Open Hole Depth Casing Shoe Depth Tubing 5495'

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): 274 bbls. oil, 102 bbls. water in 24 hrs, - min. Size 12/64" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

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): 50,000 gals. gelled lease oil, 1/40# Adomite & 1# sand/gal.

Casing Tubing 4375' Date first new Press. 0 Pkr. Press. 3625# oil run to tanks 10-13-58

Oil Transporter ~~X Gulf Refining Co.~~ Texas-New Mexico Pipeline Co.

Gas Transporter El Paso Natural Gas Co. (Cashed)

Remarks: Please make allowable effective 10-13-58.

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: Asst. Area Production Supt.

Send Communications regarding well to:

Title:

Name: Gulf Oil Corporation

Address: Box 2167, Hobbs, N. M.