

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

9-23-60

(Place)

(Date)

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

Gulf Oil Corporation Vinson Ramsay "B"

Well No. **8**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$.

(Company or Operator)

I

Sec **36**

T **25S**

R **37E**

MMPM

Justis-Blinchry

Pool

Unit Letter

Lee

County Date Spudded **7-13-60**

Date Drilling Completed **8-7-60**

Elevation **3030.92**

Top of Hole **6290** PBD **6278**

Top Oil ~~Pay~~ **5156**

Name of Pool **Justis Blinchry**

Please indicate location:

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

PRODUCING INTERVAL -

5402-06, 5422-26, 5431-35, 5438-42

Perforations **5156-60, 5174-78, 5187-95, 5242-50, 5344-48, 5378-82**

Open Hole **-**

Depth **6290'**

Tubing **5240'**

OIL WELL TEST -

Natural Prod. Test: **500** bbls. oil, **0** bbls. water in **6** hrs, **-** min. Size **8 1/2"**

Test After Acid or Fracture Treatment (Give volume of oil equal to volume of

load oil used): **22** bbls. oil, **0** bbls. water in **6** hrs, **-** min. Size **8 1/2"**

GAS WELL TEST -

Natural Prod. Test: **0** bbls. gas, **0** bbls. oil, **0** bbls. water in **6** hrs, **-** min. Choke Size **8 1/2"**

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	863'	425
7"	6177'	827
7-5/8"	103'	
2-3/8"	5854'	
2-3/8"	5240'	

Method of Testing (pilot, back pressure, etc.)

Test After Acid or Fracture Treatment (Give volume of oil equal to volume of

Choke Size **8 1/2"** Method of Testing **Back Pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): **500 gal MCA acid. Frac w/20,000 gal ref oil w/3 PSPG**

Casing **450** Tubing **825** Date **8-22-60**

Press. **450** Press. **825** Oil **450** bbls.

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Please make allowable effective 9-17-60/**

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: **J. L. Kline**

Title **Area Production Manager**

Send Communications regarding well to:

Name **Gulf Oil Corporation**

Address **Box 766, Kermit, Texas**