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PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

For
abil-
mo
crec

ILLEGIBLE

... before an initial allowable will be assigned to any completed Oil or Gas well. ...
... Llicate to the same District Office to which Form C-101 was sent. The allow-
... late of completion or recompletion, provided this form is filed during calendar
... completion date shall be that date in the case of an oil well when new oil is deliv-
... ed on 15.025 psia at 60° Fahrenheit.

Kermit, Texas

January 23, 1963

(Place)

(Date)

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

Gulf Oil Corporation

Learcy McDuffington

, Well No. **13**, in **SW** $\frac{1}{4}$, **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

M, Sec. **13**

T. 258

R. 37E

NMPM,

Justis

Unit Letter

Lee

County. Date Spudded **12-14-62**

Date Drilling Completed **1-7-63**

Please indicate location:

Elevation **3089.71**

Total Depth **5559** PBD **5545**

Top Oil/Gas Pay **5443**

Name of Prod. Form. **Blinberry**

PRODUCING INTERVAL -

Perforations **5443-47'; 5473-77'; 5511-15'**

Open Hole **None**

Depth **5559**

Depth **5510**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **87** bbls. oil, **2** bbls water in **9** hrs, **0** min. Choke Size **14/64**

GAS WELL TEST -

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

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 acid, 13,000 gal frac 1 1/2" sand / gal.**

Casing Press. **625** Tubing Press. **975** Date first new oil run to tanks **1-23-63**

Oil Transporter **Texas New Mexico Pipe Line**

Gas Transporter **El Paso Natural Gas**

Remarks: **Please make allowable effective 1-23-63**

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: _____

By: **M. M. Whitaker**

(Signature)

Title **Area Engineer**

Send Communications regarding well to:

Gulf Oil Corporation

Name _____

Address **P. O. Box 980, Kermit, Texas**