

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

## Santa Fe, New Mexico

### REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

New Well  
Recompletion

**ILLEGIBLE**

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

**Kermit, Texas**

**May 14, 1963**

(Place)

(Date)

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

**Gulf Oil Corporation**

**Learey McBuffington**

Well No. **14**, in **SE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**P** Unit Letter, Sec. **13**, T. **25 - N**, R. **37 - E**, NMPM, **Justis Tubb - Drinkard** Pool

**Lee**

County. Date Spudded. **2-15-63**

Date Drilling Completed **3-19-63**

Please indicate location:

Elevation **3074.7**

Total Depth **5955** PSTD **5912**

Top Oil/Gas Pay **5744**

Name of Prod. Form. **Tubb - Drinkard**

PRODUCING INTERVAL -

Perforations **5744-46', 5770-72', 5877-79, 5892-94, 5905-07**

Open Hole **None**

Depth **5955** Depth **5707**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **23** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **28/64**

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): **10,000 gal 15% HCl acid, 23,000 gal gal 15c oil, 34,500 (20-40) sand**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. **Per** Press. **0-100** Oil run to tanks **5-11-63**

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

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Deviation tests submitted with C-104 for Blinshry**

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

Approved **May 14**, 19 **63**

**Gulf Oil Corporation**

(Company or Operator)

By: **M. A. Whitaker**  
(Signature)

Title **Area Engineer**

Send Communications regarding well to:

Name **Gulf Oil Corporation**

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

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_