| DISTRIBUTION | | | | | | | |
|----------------|------|--|--|--|--|--|--|
| SANTA FE | T | | | | | | |
| FILE | | | | | | | |
| U.S.G. 1. | | | | | | | |
| LAND OFFICE | | | | | | | |
| | 01. | | | | | | |
| TRANSPORTER | 641 | | | | | | |
| PRORATION OFFI | CE T | | | | | | |
| OPFRATOR | | | | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexi avised 7/1/57

REDIEST FOR (OIL) - (GAS) ALLEWAPLE

New Well

This torm 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.

| | | | | | (Place) | | Octob | _ | |
|---------|---|--------------------|---------------------------------------|---------------------------------------|---|----------------|--------------------|-----------------------|---------------|
| E ARE | HEREBY I | REQUEST | ING AN ALLO | WABLE FOR | K A WELL KNOW | VN AS: | | (Date) | |
| ulf OL | 1 Corpor | ation | | | t , Well No. 8 | | | | ., |
| | ompany or O | • | | (LCAC) | | | | | |
| Unit La | | c 11 | т 25-8 | , R. 37-E | , NMPM., | Undesigne | ted | | Pool |
| | | | | | 9-22-63 | | | | |
| | se indicate | | Elevation | 3126.68 | Total Dep | the 6200 | Completed | 6164 | 03 |
| | | | Top Oil | | Name of P | and From | PBIU | 010+ | |
| | СВ | A | PRODUCING INTE | | | 100. Form | | | |
| | | | | | | | | 6 | 150-52 |
| E | FG | H | | | 6030-32, 6044-1 | | 8, 6110-1 | <u>2. 6129</u> | -31, |
| | | | Open Hole | None | Casing Sh | oe 6199 | Depth Tubing | 6125 | |
| L | K J | | OIL WELL TEST | - | | | | | |
| - | | I | Natural Prod. | Test: | _bbls.cil, | bbls water i | 0 *** hre ' | | Choke |
| | | | | | Treatment (after red | | | | |
| M | NO | Р | | | ls.oil, <u>63</u> bb | | | | |
| | | | | | 13,011, <u>03</u> | is water in Z | 4_hrs, 0_ | _min. Size | 20/04 |
| | | | GAS WELL TEST | | | | | | |
| | FOOTAGE) | | | | MCF/Day; H | | | | |
| Sire | ing and Cem Feet | enting Reco Sax | ra Method of Test | ing (pitot, b | ack pressure, etc.):_ | | | | |
| | <u></u> | 34X | Test After Aci | d or Fracture | Treatment: | мс | F/Day; Hours | flowed | |
| 9.5/8 | 1146 | 500 | | | cf Testing: | | | | |
| 7 5/8 | 66 | | Acid or Fractu: sand): 1000 | re Treatment (| Give amounts of mate E Acid, Frac 14 | rials used, su | ch as acid, w | vater, oil 5000# (| and 20-40) |
| 7 | 6121 | 450 | Casing Press. 200 | Tubing Press. 6 | Date first new | s 10-23 | -63 | | |
| | | | | | Wood Corporati | | | | |
| 2 3/8 | 6125 | | Gas Transporte: | | | | | | |
| marks: | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | λ | T | | | | | | |
| | | | | | | | | | |
| I hereb | v certify th | at the info | rmation given a | nve is true a | nd complete to the t | best of my kny | wiedze | | |
| | | | a mation given at | | GulfOilCo | - | | | |
| P10100 | | | | , 13 | ······································ | (Company or C | Operator) | •••••• | ••••• |
| ON | L CONSEE | VATION | COMMISSION | | By: | Hoile | TRUC | | |
| | | | | | wy | (Signatu | r.) | | M |
| | Et | | Man- | 1 | Title Aree Er | ngineer | | | |
| 1 1 | | | | | Send Con | nmunications | | ll to: | - |
| :le | • | •••••• | | · · · · · · · · · · · · · · · · · · · | Name. Qulf Of | 1 Corpora | tion | | |