NEW 'EXICO OIL CONSERVATION COMM'SION Santa Fe, New Mexico

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

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				·	Hobbs, New Marico Jamuary 31, 1958 (Place)
WE AR	E HE	REBY R	EQUESTI	NG AN ALLOWABLE	E FOR A WELL KNOWN AS:
Gulf					, Well No3, in. SN
	(Com	pany or Op	rator)	() T 31_C D 9	Lesse) 7_F NMADM Understand not
Uni	Lette	, 3ec.	40	, 1 	7-E, NMPM., Undesignated Pool
• · · · · · · · · · · · · · · · · · · ·	••••	Lea			ded 10-18-57 Date Drilling Completed 12-11-57
Please indicate location:					Total Depth 75911 PBTD 75841
D	C	В	A	Top Oil/Gas Pay 7 PRODUCING INTERVAL -	Name of Prod. Form. <u>Devonian</u>
E	F	G	H	Perforations 75	Depth Depth
		9		Open HoleOIL WELL TEST -	Casing Shoe 75901 Tubing 75741
L	K	J	I	Natural Prod. Test:	Choke bbls.oil,bbls.water inhrs,min. Size
M	N	1 0	P		racture Treatment (after recovery of volume of oil equal to volume of Choke 9 bbls.oil,bbls water in 10 hrs,min. Size 15/6
				GAS WELL TEST -	
				_ Natural Prod. Test:	MCF/Day; Hours flowedChoke Size
Tubing ,Casing and Cementing Record				rd Method of Testing (p	itot, back pressure, etc.):
Size		Feet	Sax	Test After Acid or F	racture Treatment: MCF/Day; Hours flowed
13-3	/8=	3971	700	Choke Size	Method of Testing:
8-5	/84	39061	2265		stment (Give amounts of materials used, such as acid, water, oil, and
	100		30.50	sand): 500 galls Casing Tubi	ons edid
5-1	/24	75781	1050	- -1	ing Date first new ss. oil run to tanks 1-17-58
L					• • • •
Remark	s:		··· washing	Gas Transporter	l be placed in the Proration Schedule
7 %		٠			s true and complete to the best of my knowledge.
					Gulf Oil Comporation
					(Company or Operator)
OIL CONSERVATION COMMISSION					By: (Signature)
Ву:					Title Area Supt. of Prod. Send Communications regarding well to:
Title	••••••••••	,· ***************			
					NameGulf.Oil.Gorporation
					Address Box 2167, Hobbs, New Mexico