

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator GURLEY OIL COMPANY	
Address P.O. BOX 2092, FARMINGTON, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Black Oil, Inc., P.O. Box 537, Farmington, NM 87499

DESCRIPTION OF WELL AND LEASE

Lease Name NMALCO-GURLEY	Well No. 1	Pool Name, Including Formation Nose Rock Hospah	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter P	330	Feet From The South	Line and 335	Feet From The East	
Line of Section 9	Township 20N	Range 12W	, NMPM, McKinley		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9
	Twp. 20N	Rge. 12N
Is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded April 25, 1986	Date Compl. Ready to Prod. May 15, 1986		Total Depth 2265'		P.B.T.D. 2247'			
Elevations (D, RT, GR, etc.) 6140 GR.	Name of Producing Formation Hospah		Top Oil/Gas Pay 2180'		Tubing Depth 2195'			
Perforations 4 holes per foot 2180' - 2186' (25 holes)				Depth Casing Shoe 2259'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-5/8"	7"		265'		To Surface			
6-1/4"	4-1/2" J-55		2259'		175 sx to Surface			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks May 12, 1986	Date of Test May 12, 1986	Producing Method (Flow, pump, gas lift, etc.) will pump + 80	
Length of Test 12 hrs swab test	Tubing Pressure unk	Presently flowing 15 bbls OPD bbls oil PD	
Actual Prod. During Test 46 bbls oil	Oil - Bbls. 24 hr. calc 80 bbls/day	Casing Pressure unk	Choke Size 1"
		Water - Bbls. 0	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls - Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mike Maloney
(Signature)
Agent - Gurley Oil Co.
(Title)
2-4-88
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 19 1988, 19BY SUPERVISOR DISTRICT #3

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.