

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.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)	
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"/>
Other (Please explain) Change of Operator	

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 State Margie	Well No. 1	Pool Name, Including Formation Nose Rock - Hospah Ext.	Kind of Lease State, Federal or Fee	Lease No. LG-9425
Location				
Unit Letter B : 990 Feet From The North Line and 1650 Feet From The East				
Line of Section 16 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) 2502 W. Main, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 A	Sec. 16
	Twp. 20N	Rge. 12W
	Is gas actually connected? No	
	When No gas	

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"/>	Dill. Res'v. <input type="checkbox"/>
Date Spudded 7/3/87	Date Compl. Ready to Prod. 7/21/87		Total Depth 2262'		P.B.T.D. 2225'			
Elevations (D, RT, GR, etc.) 6142'	Name of Producing Formation Hospah		Top Oil/Gas Pay 2190'		Tubing Depth 2207'			
Perforations 2190 - 2198 .038 holes, 2-JSPF					Depth Casing Shoe 2260'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 20# J-55		100'		60 sks. B Neat 71 cu. ft.			
7-7/8"	5-1/2" 15.5#		2262'		415 sks. B Neat & 65/35			
					694 cu. ft.			

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 7/24/87	Date of Test 12/9/87 w/pump	Producing Method (Flow, pump, gas lift, etc.) 2" x 1 1/2" x 8" RWAC	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size None
Actual Prod. During Test 20 BOPD	Oil - Bbls. 20	Water - Bbls. 45	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

BY

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.