

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

NO. OF TETHER RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
D.U.S.	
LAND OFFICE	
TRANSPORTER	FILE
	GAS
OPERATOR	
PRODUCTION OFFICE	

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

Other (Please explain)

New Wall

Change in Transporter of:

Recompletion

C11

Dry Gas

Change in Ownership

Castlinghead Gas

Condensate

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Fullerton Federal	5E	Basin Dakota	State, Federal or Fee <u>Federal</u>	SE-07809
Location				
Unit Letter <u>P</u>	<u>1120</u>	Feet From The <u>South</u> Line and <u>1120</u>	Feet From The <u>East</u>	
Line of Section <u>15</u>	Township <u>27N</u>	Range <u>11W</u>	, NMPM, <u>San Juan</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation					Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Gas Co. of New Mexico					Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	9-1-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of lead 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED
OCT 5 - 1981
CON. COM.

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.

RL Patre
(Signature)

Area Engineer

67112

9-30-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 5 1981

Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 logs taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for allowance on new and recompleted walls.

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 Form C-104 must be filed for each pool in multiple