

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 09 1984

RECEIVED

OIL CON. DIV.

DIST. 3

Gulf Oil Corp.

Address
P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

New Well

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>L. Morton Fed.</u>	Well No. <u>6E</u>	Pool Name, Including Formation <u>Basin Lakota</u>	Kind of Lease <u>Fee</u>	Lease No. <u>SF-078094</u>
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>27N</u> Range <u>11W</u> NMPM, <u>San Juan</u> Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>None</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 14 280 Hous. St. 79999</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>No</u>	

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. Re.
		☒	☒				
Date Spudded <u>11-8-80</u>	Date Compl. Ready to Prod. <u>12-9-80</u>		Total Depth <u>6550'</u>		P.B.T.D. <u>6487'</u>		
Elevations (D.F., R.N.B., R.T., G.R., etc.) <u>6031' G.L.</u>	Name of Producing Formation <u>Lakota</u>		Top Oil/Gas Pay <u>6370'</u>		Tubing Depth <u>6365'</u>		
Perforations <u>6370'-6394'</u>					Depth Casing Shoe <u> </u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13 7/8"</u>	<u>8 5/8"</u>	<u>540'</u>	
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>6550'</u>	

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 oil
able 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1004</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (prior, back pr.) <u>Flow</u>	Tubing Pressure (Shut-in) <u>320#</u>	Casing Pressure (Shut-in) <u>700#</u>	Choke Size <u>25/64</u>

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.

R.D. Pate

(Signature)

AREA ENGINEER

(Title)

1-6-84

(Date)

OIL CONSERVATION DIVISION

JAN 09 1984

APPROVED

, 19

BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

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