

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

DISTRIBUTION	
STATE	
FEDERAL	
G.S.	
OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

1. **Operator**
 Gulf Oil Corporation
 Address
 Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
 Abandoned Hobbs Blinbry and completed in Hobbs (G. SA). Well is producing from same proration unit as well No. 8

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. D. Grimes (NCT-A)	Well No. 19	Pool Name, Including Formation Hobbs (G. SA)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>1730</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>					
Line of Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Corporation	Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corporation	Phillips Bldg., Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is it directly connected? When
	F 32 18-S 38-E Yes Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: PC-484

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Flow Back	Same Res'v.	Diff. Res'v.
Date Spaced Recompleted 2-17-75	Date Compl. Ready to Prod. 2-17-75	Total Depth 6051'	Flow Back XX	Same Res'v. XX	Diff. Res'v. XX			
Elevations (DF, RKB, RT, GR, etc.) 3636' GL	Name of Producing Formation San Andres	Pay 4158'	Tubing Depth 4305'	Drilling Depth 6050'				
Perforations 4158' to 4230'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	342'	375 sacks (Circulated)					
11"	8-5/8"	3811'	500 sacks					
7-7/8"	5-1/2"	6050'	455 sxs. (TOC at 3540')					
	2-3/8"	4305'						

V. 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 2-17-75	Date of Test 2-28-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 177 barrels	Oil-Bbls. 39	Water-Bbls. 138	Gas-MCF --

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lb.s. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

[Signature]
 (Signature)

Area Engineer
 (Title)

March 3, 1975
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *[Signature]*
 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.