

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

Form OCS-1  
 Supersedes OCS-1 and OCS-1A  
 Effective 1-1-65

REGISTRATION	
SALE PRICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

Operator  
Gulf Oil Corp.  
 Address  
P.O. Box 670 Hobbs, NM 88240

Reason(s) for filing (check proper box) Other (please explain)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<u>Gas Connected</u>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Well Name Evans State Well No. 7 Pool Name, including Formation Hardy Jubb Kind of Lease State, Federal or Free Lease No. A-1350-12

Location  
 Unit Letter P : 2970 Feet From The South Line and 1660 Feet From The East Line  
 Line of Section 3 Township 21S Range 36E County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Permian Corp. Address (this address to which approved copy of this permit is to be sent)  
Box 3119 Midland TX 79701

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Warren Petroleum Address (this address to which approved copy of this permit is to be sent)  
Box 1589 Tulsa OK 74100

Does well produce oil or liquids, give location of tanks.  Unit 0 Sec. 3 Twp. 21S Rng. 36E Is gas actually connected?  Date 2-20-85

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

COMPLETION DATA

Designate Type of Completion -- (X)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	Prod. T.D.
Devotions (DF, RND, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth
Perforations	Depth Casing Open		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE H. WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allow volume for this depth or be for (24) 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 + Gals.	Water + Gals.	Gas + MCF

TEST GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Gals. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (24hr-1in)	Casing Pressure (24hr-1in)	Choke Size

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.

R.D. Pitzer  
 (Signature)  
 AREA ENGINEER  
 (Title)  
 2-22-85  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 26 1985 19  
 ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the production record for the well or wells involved, per RULE 1111.  
 All sections of this form must be filled out completely for allowable to be reviewed and recomputed, if applicable.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

FEB 25 1985

O.C.D.  
HOUSE OFFICE