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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

Form C-166
 Supersedes OIL C-103 and C-110
 Effective 1-1-65

Operator: **Gulf Oil Corporation**

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:	Show Gas Connected		
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"/>

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

DESCRIPTION OF WELL AND LEASE				
Lease Name Graham State (NCT-C)	Well No. 10	Pool Name, including Formation Eumont Gas Yates-Penrose	Kind of Lease State, Federal or Fee State	Lease No. 18634
Location				
Unit Letter B	Section 990	Feet From The North Line and	Range 1980	Feet From The East
Line of Section 24	Township 19S	Range 36E	, N.M.P.M., Lea 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)			
None				
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)			
Northern Natural Gas	P. O. Box 308, Omaha, Nebraska 68101			
Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When			
Yes	2-18-81			

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't.	Diff. Res't.		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
Deviations (DF, KKB, 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			
<i>(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)</i>			
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	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

RDP
 Area Engineer
 (Signature)
 Area Engineer
 (Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 1981

BY: *Jerry Smith*
 District Supervisor

TITLE: *District Supervisor*

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.