

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

OF COPIES RECEIVED		
DISTRIBUTION		
NTA FE		
LE		
S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Rollon Brunson
3. Address of Operator Box 670, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>G</u> <u>2086</u> FEET FROM THE <u>North</u> LINE AND <u>1874</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Drinkard
11. Elevation (Show whether DF, RT, GR, etc.) 3416' GL.	12. County Leon

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well has been closed in, waiting on gas contract. Connected to Warren's system on August 29, 1974 and placed on production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED CA Bond TITLE Area Production Manager DATE August 30, 1974

APPROVED BY Joe D. Ramsey TITLE \_\_\_\_\_ DATE SEP 3 1974  
*Orig. Signed by Joe D. Ramsey Dist. I, Supv.*

CONDITIONS OF APPROVAL, IF ANY:

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

T A F E		
E		
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator  
Gulf Oil Corporation

Address  
Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change In Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Well is connected to Warren's system but run to El Paso Natural Gas Co. Account
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rollon Brunson</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> ; <u>2086</u> Feet From The <u>North</u> Line and <u>1874</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Corporation</u>	<u>Box 1910, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum Corporation</u>	<u>Box 1589, Tulsa, Oklahoma 74100</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>G 10 22-S 37-E Yes August 29, 1974</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-317

### IV. 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

### 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)

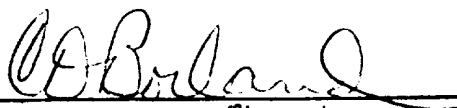
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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)  
Area Production Manager  
(Title)  
August 30, 1974  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 19 \_\_\_\_\_

BY \_\_\_\_\_  
Orig. Signed by  
Joe D. Ranney  
Dist. I, Supv.

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 1101.  
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.