

DISTRICT	
SANTA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-101
Supersedes O-101 and O-
101a from 1-1-65

Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Apache Federal	Well No. 15	Pool Name, including Formation Ballard Picture Cliffs	Kind of Lease State, Federal or Fee Federal	Jicarilla No. Lse #69
Location				
Unit Letter D	: 990	Feet From The North	Line and 990	Feet From The West
Line of Section 7	Township 24N	Range 5W	NMPM, Rio Arriba	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)		
Permian Corporation	Box 3119, Midland, Tx 79701		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas	Box 1492, El Paso, TX 79999		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rce.	Is gas actually connected? No	When

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	Stim. Res.	Unif. Res.
		XX		XX				XX
Date 6-29-81	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-29-81	7-15-81	6878'	3705'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6530' GL	Picture Cliffs	2272'	2340'					
Perforations			Depth Casing Shoe					
2272'-2340'			--					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of well 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
469	4 hrs	trace	0
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Flow	150#	300#	23/64"

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.

RD Prite
(Signature)

Area Engineer

(Title)

2 2 81

OIL CONSERVATION COMMISSION

APPROVED

SEP 31 1981

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the daylight tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all the new and recompleted wells.