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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	/
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COM. MON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-116
Effective 1-1-65

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OCT 7 1976

Operator Gulf Oil Corporation	
Address Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

O.C.C.
ARTEZIA, OFFICE

NEW WELL
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-1-76
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
Eq. 2-198

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Higgins Estate	Well No. 1	Pool Name, including information San Andres Atoka SA	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter G	1650	Feet From The North	Line and 2310	Feet From The East	
Line of Section 28	Township 18-S	Range 26-E	NMFM,	Eddy	County

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)					
The Permian Corporation	Box 3119, 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)					
None - Waiting on pipe line connection.						
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 28	Twp. 18-S	Rge. 26-E	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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-4-76	Date Compl. Ready to Prod. 9-24-76	Total Depth 1800'		P.B.T.D. 1742'				
Elevations (DF, RKB, RT, CR, etc.) 3393' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 1512'		Tubing Depth 1673'				
Perforations 1512' to 1634' 1512-14, 1550-52, 1584-86 1632-34				Depth Casing Shoe 1800'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	375'	360 sacks (Circulated)
9-7/8"	7-5/8"	1200'	400 sacks (Circulated)
6-1/2"	4-1/2"	1800'	175 sacks (Circulated)
	2-3/8"	1673'	

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 9-24-76	Date of Test 9-28-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure ==	Choke Size 2"
Actual Prod. During Test 80 barrels	Oil-Bbls. 13	Water-Bbls. 67	Gas-MCF --

GAS WELL

k Corrected Gravity 34.9

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AS-MCF	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.

G. F. Berlin

(Signature)

Area Engineer

(Title)

October 5, 1976

(Date)

OIL CONSERVATION COMMISSION

OCT 8 1976

APPROVED _____, 19____

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.