	NO. OF COPILY ALCEIVES 5 DISTRIBUTION SANTA FE / FILE /	DR ALLOW AND		Effective 1-1-6	Supersedes Old C-104 and C-11 Ettective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRAN	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER OIL / GAS							
•	AUG 28 1978							
I.	GULF OIL CORPORATION		0. C. C.					
	Address							
	P. O. BOX 070, HOUDS, HEW ADDATED							
	New Well X Recompletion	Change in Transporter of: Cil Dry Gas		Indicate Condensate Transporter C <del>orrected-C=104</del>				
	Change in Ownership	Casinghead Gas Condens:				<u> </u>		
	If change of ownership give name and address of previous owner							
П.	DESCRIPTION OF WELL AND	LEASE Pinasco Dram	Resmo	Kind of Lease	e	Lease No.		
	Eddy "GX" State Com	1 Undesignated		State, Federa	l or Fee State	LG-1523		
	Location	50 Feet From The <u>South</u> Line	and 2	310 Feet From '	The <u>East</u>			
				, NMPM,	Eddy	County		
	Eine di Section 10	vnship <u>18-S</u> Range	<u>25-</u> E	,				
III. 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 ser								
	The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas X			P. 0. Box 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas C	P. O. Box 1384, Jal, New Mexico 88252						
	If well produces cil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. D 18 188 25E		s gas actually connected? When No Ves 10-12-78				
	If this production is commingled wi	th that from any other lease or pool, g						
IV	COMPLETION DATA	Oil Well Gas Well		Workover Deepen	Plug Back Same R	es'v. Dill. Res"		
	Designate Type of Completing	on $-(\lambda)$ 1 XX Date Compl. Ready to Prod.	XX Total Depth	j <b>B</b>	P.B.T.D.	<b>t</b>		
	Date Spudded 4-8-78	7-26-78	5	3,680'	7,972'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas	5 Pay 6.772	6,694'			
	3614' GL	Cisco			Depth Casing Shoe			
	6,772' - 6,818' Cisc	O TUBING, CASING, AND	CEMENTI	IG RECORD				
	HOLE SIZE	CASING & TUBING SIZE	CLINE	DEPTH SET	SACKS C			
	17-1/2"	13-3/8" - 48#		<u>304'</u> 1221'	300  sx - C 1000  sx - C			
	12-1/4"	<u>8-5/8" - 24#</u> 5-1/2" - 15.5# & 17∄		8680'	930  sx - T	SITOC @ 54		
	7-7/8"	2.310"	66	94				
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed tog able for this depth or be for full 24 hours)							
	OII. WEII. Date First New Cil Run To Tanks	Producing )	Nothod (Flow, pump, gas	lift, etc.)	1 t.d			
	Date r irst New Cir Aus 10 Tanko		Casing Pressure		Choke Size	(D-3,18		
	Length of Test	Tubing Pressure	Cumy		Gas - MCF	J. N - 18		
	Actual Pred. During Test	Cil-Bbls.	Water - Bbls	•	Gds-MCF	10-2 - pl		
			L			inder EPI		
	GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test 4 hours		3	58.50 AT	2T		
	1376 Teating Mathias (pirot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pre	essure (Shut-in)	Adjustal	ole		
	Back Pressure	1865#	1	OIL CONSER	VATION COMMISS	ION		
V	I. CERTIFICATE OF COMPLIAN	I. CERTIFICATE OF COMPLIANCE			OCT 1.0 1978			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED				
	Commission have been complied above is true and complete to t	he best of my knowledge and belief.	BY					
		n	TITLE SUPERVISOR, DISTRICT II					
	000	10 8-12 00			This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepe If this is a request for sllowable or a newly drilled or deepe			
	<u>Area Engineer</u> (Title) 08-25-78			If this is a request for silowable for a nawly difficulty well, this form must be accompanied by a tabulation of the devia tosta taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for all sble on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of conditional separate Forms C-104 must be filled for each pool in multicompleted wells.				