DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	✓	
TRANSPORTER GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

RECEIVED
MAR 21 1985
O. C. D.
ARTESIA, OFFICE

Operator: Gulf Oil Corp.

Address: P.O. Box 670 Hobbs NM 88240

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain): New Well

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Artesia State Com	2	Travis Upper Penn	State	B-1695

Location

Unit Letter B ; 660 Feet From The North Line and 1650 Feet From The East

Line of Section 23 Township 18S Range 28E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]: Navajo Refining

Address (Give address to which approved copy of this form is to be sent): Box 159, Artesia NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Phillips Petroleum

Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook, Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	23	18S	28E	No	

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'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-21-85	3-3-85	10,900'	9825'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3582' GL	Upper Penn	9645	9532'

Perforations	Depth Casing Shoe
9645-9766	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	11-3/4"	312'	Post ID-2
11"	8 5/8"	3600'	3-29-85
7 7/8"	5 1/2"	10,900	Comp + BK
	2 7/8"	9532'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-3-85	3-18-85	flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	140#	—	31/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
316	191	205	TSTM

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**

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.

Faval L Lewan
(Signature)
for AREA ENGINEER
(Title)
3-19-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 27 1985, 19____

BY ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOCD

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 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.