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SANTA FE		ī		
FILE		1	V	
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL	1		
INANSPORTER	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
Gulf Oil Corporation				
Address				

Area Production Manager

une 1, 1971

(Title)

(Date)

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
	FILE /		AND	Effective 1-1-65
	u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS
	LAND OFFICE			
	TRANSPORTER OIL			RES
	GAS		•	RECEIVED
	OPERATOR			JUN 3 1971
1	PRORATION OFFICE			JUN -
	Operator			3 1971
	Gulf Oil Corporation			•
	Address			. U. C. C
	Box 670, Hobbs, New M	lexico 88240	,	ARTESIA, DEFIDE
	Reason(s) for filing (Check proper box)		Other (Please explain)	7.7.195
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga	s New Well	
		Casinghead Gas Conden		
	Change in Ownership	Cualifyinda Gas Contain		
	If change of ownership give name			
	and address of previous owner			
II.	DESCRIPTION OF WELL AND I	LEASE	ormation Kind of Leas	e Lease No.
	Lease Name	Well No. Pool Name, Including Fo		,
	Littlefield "AB" Federa	1 14 Shugart (Y. SI	R. Q. Grb) State, Federa	Fed NM_011103
	Location			•
	Unit Letter 0 : 990	Feet From The South Lin	e and 1650 Feet From	The East
	J			
	Line of Section 22 Tow	vaship 18-S Range 31	L-E , NMPM, Eddy	County
	Eme of oscilon			
HIT	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
111.	Name of Authorized Transporter of Oil	YX or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
	Texas-New Mexico Pipeli		Box 1510, Midland, Tex	ras 79701.
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Box 1510, Midland, Tex Address (Give address to which appro	ved copy of this form is to be sent)
	_			
	Continental Oil Company		Box 460, Hobbs, New Me	en
	If well produces oil or liquids,		1	
	give location of tanks.	K 22 18-S 31-E	Yes	May 25, 1971
	If this production is commingled wil	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	on - (X)	XX :	1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	5-9-71	5-14-71	34361	34021
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gay Pay	Tubing Depth
	3653 ' GL	Queen	33721	33971
	Perforations	1 Affecti	1 1 1 -	Depth Casing Shoe
	•			3),351
	3372' to 3384'	THRING CASING AND	CEMENTING RECORD	
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
	11"	8-5/811	71.11.1	350 sacks (Girculated)
	7-7/8"	11-1/211	3435	150 sacks (TOC at 1398)
		2-3/811	33971	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
• •	OIL WELL	able for this de	pth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	May 20, 1971	May 27, 1971	Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	¯ '.			2ngy
•	24 hours Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			2 (Est)	1
	23 barrels	21	_ COL	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity or Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CORPUS OF COMPLIAN	CF	OIL CONSERV	ATION COMMISSION
VI	. CERTIFICATE OF COMPLIAN	· ·	312 331132114	
				1071 , 19
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED JUN 3	ressett
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY WWW.	WASELA
			TITLE OIL AND GAS INSP	ERCA (I)
	Original Sign	ED BY	This form is to be filed in	compliance with RULE 1104.
	C. D. BORLA	ND	and the second for allo	mable for a newly drilled or deepened
			well, this form must be accomp	anied by a tabulation of the deviation ordance with RULE 111.
	(Sign	nature)	tests taken on the well in acc	ordance with RULE 111.

well, this form must be accompanied by a tabulation of 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.

		NUMBER <u>Li</u> "lefield "NE FSL and 1650' FEL of S	3" Federal #14 Section 22-185-31E, Eda s give S,Blk.,Sur.& Twp.	ly County, New Mexico
		give U,S,T & R; Texas		when required) RECEIVED
		ACTOR Cactus Drilling	•	
drill	ing contractor	hereby certifies that who drilled the above- obtained the following	described well and that	epresentative of the
	es @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1/4	245	-		···
1/2	493			***
3/4	749	***************************************		***************************************
3/4	1135			····
1	1513			**************************************
1 1/2	1904			water assessment and continuational vision boundaries—special attents
2	2191			
1 1/2	<i>2580</i>			
1 1/2	2693			
3/4	3436			
			·	
	· · · · · · · · · · · · · · · · · · ·	-		
				
		Dri	11ing Contractor <u>Cactu</u> By <u>Ken</u> Drilling	Killing
Subsci	cibed and sworn	to before me this 1821	day of May	, 1 <u>97</u>
My Con	mmission Expire	s:	Marsel Hver Notary	achueun Public