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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 C-101
Supersedes Old C-101 and C-110
Effective 1-1-65

RECEIVED

APR 12 1977

Operator Gulf Oil Corporation ✓	
Address Box 670, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	
Other (Please explain) ⁴⁵⁰ New well, request for 750 Bbls. condensate allowable while testing gas well. Through Permian P-2, 11, 56, 11, 735 and Atoka Perfs 11,102 to 11,120	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Littlefield EM Fed Com	Well No. 1	Pool Name, including Formation Wildcat <i>Atoka</i>	Kind of Lease State, Federal or Fee Fed	Lease No. NM-01403
Location Unit Letter <i>J</i> : 1980 Feet From The <i>South</i> Line and 1980 Feet From The <i>East</i> Line of Section 20 Township 18-S Range 31-E, NMPM, Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <i>J</i>	Sec. <i>20</i>
	Twp. <i>18-S</i>	Rge. <i>31-E</i>
	Is gas actually connected?	When
	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DS, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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
Testing Method (Flow, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size

III. 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
4-12-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1977
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 production tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and deepened wells.

Fill out only Sections I, II, III, and IV for changes of owner, well name or number, or transportation facilities changes (Rule 1104).