	NO. OF COPILS RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE IRANSPORTER GAS	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS RECEIVED
	OPETATOR /			CLIVED
I.	PROPATION OFFICE Operator			APR 1 8 1978
	GULF OIL CORPORATION			
	P. O. Box 670, Hobb Reason(s) for filing (Check proper box			ARTEBIA, OFFICE
	New We!l	Change in Transporter of:	Other (Please explain)	
	Recompletion Change in Ownership	Cil Dry Ga Casinghead Gas Conder		
	If change of ownership give name			
and address of previous owner				
The second s				Lease No.
				cr Fee Fed NM025778
	Unit Letter L ; 1980 Feet From The South Line and 990 Feet From The West			
Line of Section 21 Township 18-S Range 31-E , NMPM, Eddy				County
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of OL	or Condensate XX	Address (Give address to which approve	,
	Permian Corporation Name of Authorized Transporter of Ca	singhead Gas or Dry Gasyyy	P. O. Box 3119, Midlan Address (Give address to which approv	id. <u>TX 79701</u> ed copy of this form is to be sent)
	Warren Petroleum Com	Unit Sec. Twp. Rge.	P. O. Box 1589, Tulsa, Is gas actually connected?	<u>OK 74110</u>
	If well produces oil or liquids, give location of tanks. L 21 18-5; 31-E We Ye S 4-18-78			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA				
34.	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Resty, Dill. Resty.
	Date Spudded	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.
	12-6-77 Elevations (DF, RKB, RT, GR, etc.)	2-21-78 Name of Producing Formation	<b>11,983'</b> Top Oli/Gas Pay	11,937' Tubing Depth
	3636' GL	Morrow	11,572'	11,514' Depth Casing Shoe
	Perforations 11,572'-80' and 11,658-80' Morrow			11,983'
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE 17 1/2"	13 3/8"	626*	475 sacks - circ
	12 1/4"	9 5/8" 7"	4505' 1 11,983'	350 sacks- circ 750 sacks-TSITOC 8700'
	8 3/4"		1	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a oble for this de	fter recovery of total volume of load oil a epth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Teat	Producing Method (Flow, pump, gas lift	, etc.)
	Longth of Teat	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF
				11 3 11
	GAS WELL			
	Actual Pros. Tobl-MCF/D	Longth of Test	Bbls. Condensate, MMCF	Gravity of Condensate
	2758 Teating National (pitor, back pr.)	24 Vubing Presswo (Shut-in)	Caeing Prasoure (Shut-in)	Choke Size
	backpressure	3200#	OIL CONSERVA	12/64" TION COMMISSION
	CERTIFICATE OF COMPLIANCE		APR 2 1 1978	
	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.		APPROVED 21 C Lassett	
			BY DISTRICT II	
			TITLE SUPERVISOR, DISTINCT WITH RULE 1104.	
	N.B. Sik	er yr.	If this is a request for showable for a newly drilled or despended well, this form must be accompanied by a tabulation of the daviation tests taken on the well in accordance with HULE 111. All vections of this form must be filled out completely for allow- able on new and recompleted wells.	
	(Sign Area F	arws المردين ngineer		
	(7)	(le)		
	A REAL PROPERTY AND	-17-78	Fill out only Sections I, II, III, end VI for changes of owner, well name or number, or transporter, or other such change of condition.	

Fill out only Sections 1. If, iff, that it is unange of condition, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filled for each pool in multiply completed wells.