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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

JUN 23 1978

O. C. C.
ARTESIA, OFFICE

I. Operator
GULF OIL CORPORATION

Address
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE *R-6274 3-1-80*
Angell Ranch Otake-Morrow

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eddy "GM" State Com	1	Hobbs Angell Ranch Morrow	State, Federal or Fee State	L-621

Location
Unit Letter **0** ; **660** Feet From The **South** Line and **1980** Feet From The **East**
Line of Section **36** Township **19-S** Range **27-E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1384, Jal, New Mexico 88252

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
no **yes** **- 6-27-78**

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-18-77	2-8-78	11,200'	11,140'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3398' GL	Morrow	10,895'	10,782'
Perforations			Depth Casing Shoe
10,895' - 10,899' Morrow			-

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 48#	432'	450 sx - Circ
12-1/4"	8-5/8" 24#	3,000'	1200 sx - Circ
7-7/8"	5-1/2" 15.5# & 17#	11,200'	700 sx - TSITOC @ 833'
	2-3/8"	10,782'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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/MCF	Gravity of Condensate
2150	4 Hours	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	3350#	-	Adjustable

VI. 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.

N. Q. Sikes, Jr.
(Signature)
Area Engineer
(Title)
6-22-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 29 1978**, 19____

BY *W.A. Greased*

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 deviatoric 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.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

*Partial
6-30-78
Add by EPG*