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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-110
Effective 1-1-65

JAN 25 1979

Operator GULF OIL CORPORATION ✓		ARTESIA, OFFICE	
Address P. O. Box 670, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box) Indicate		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "GZ" State Com	Well No. 1	Pool Name, including Formation Undesignated Strawn	Kind of Lease State, Federal or Fee	Lease No. L-4222
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 12 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701					
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 I	Sec. 12	Twp. 19S	Rge. 27E	Is gas actually connected? yes	When 2-13-79

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	Same Restv.	Diff. Restv.
		XX	XX					
Date Spudded 6-5-78	Date Compl. Ready to Prod. 10-3-78	Total Depth 10,957'	P.B.T.D. 10,914'					
Elevations (DF, RKB, RT, GR, etc.) 3521' GL	Name of Producing Formation Strawn	Top Oil/Gas Pay 9,717'	Tubing Depth 9,631'					
Perforations 9717' - 9742'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" - 48#		474'		675 sx - Circulated			
12-1/4"	8-5/8" - 24#		2,500'		1000 sx - Circulated			
7-7/8"	5-1/2" - 17# & 15.5#		10,957'		600 sx - TSITOC @			
	2-3/8"		9,631'		8580'			

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 628	Length of Test 4 Hours	Bbls. Condensate/MMCF -	Gravity of Condensate 2
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1500#	Casing Pressure (Shut-in) -	Choke Size 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. E. Sikes, Jr.
(Signature)

Area Engineer
(Title)

01-23-79
(Date)

OIL CONSERVATION COMMISSION
FEB 15 1979

APPROVED _____, 19____
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 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.

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