.;	HO. OF COPIES RECEIVED 4	4 -	,	
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION CONSSION	Form C-104
	SANTA FE	_	FOR ALLOWABLE	Supersedes Old C-104 and C-110
	FILE / V		AND	Elfective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	MERORI DILAND NATURAL (GAS
	OIL			
	TRANSPORTER GAS /	JAN.	2 5 1979	·
	OPERATOR /]		
1.	PRORATION OFFICE Operator	<u> </u>	. C. C.	
	GULF OIL CORPORATION	,	IIA, OFFIGE	
	Address			
	P. O. Box 670, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box	Designate	Other (Please explain)	
•	New Well XX	Cil Dry Go	new Wel	.1
	Change in Ownership	Casinghead Gas Conde	15 1	
	If change of ownership give name and address of previous owner			
	·	8-63-1-80	100 a A+ B m	
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Igo ding E	Ranch Utoka-Ma	Lease No.
	Pacheco Federal Com	3 Undesignat		lor Fee Federal NM-4986
	Location Com	1 3 3		
	Unit Letter E ; 22	80 Feet From The North Lin	ne and 660 Feet From	rhe West
	Line of Section 31 Tox	waship 19-S Range	28-E , NMPM,	Eddy County
***	DESTANTATION OF TRANSPORT	TER OF OIL AND NATURAL GA		
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)
]			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas XX	Address (Give address to which appro-	ved copy of this form is to be sent)
*	El Paso Natural Gas		P. O. Box 1384, Jal,	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	2-22-19
	give location of tanks.	<u>i i i i i i i i i i i i i i i i i i i </u>	No /es	2-22-1/
		th that from any other lease or pool,	give commingling order number:	
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hes'v. Diff. Res'v.
	Designate Type of Completion	on = (X) XX	XX	1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9-8-78	11-17-78	Top Oil/Gas Pay	10,740' Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	10,623'	10,575'
	3391 GL Perforations	Morrow	10,025	Depth Casing Shoe
	10,623' - 10,710'			
		TUBING, CASING, AND	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2"	13-3/8" - 48#	421'	625 - Circulated
	12-1/4"	8-5/8" - 24#	2,865'	1010 - TSITOC @ 130° 750 - TSITOC @ 8020°
	7-7/8"	5-1/2" - 17排 2-2/2"	11,180'	730 = ISTIOC (a 8020)
		2-3/8" OD \$1.5 OWARIE (Test must be a		and must be equal to or exceed top allow-
V.	TEST DATA AND REQUEST FOOLL WELL	or ALLOWABLE (1 est must be a able for this de	epth or be for full 24 hours)	
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
				Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		OII-Bb;s.	Water - Bble.	Gas-MCF 73
	Actual Prod. During Test	Oll-Bb.a.		3 1 LEP3
	16			16'
	GAS WELL			Choke Size LD 3 11 Gas-MCF 3 23 PC
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	798	4 Hours	- (2) - (2)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (fixtxic)	Cosing Pressuro (Shut-in)	Adjustable
	Back Pressure	1160# Flowing		
VI.	CERTIFICATE OF COMPLIANCE	CE		TION COMMISSION
			APPROVED MAR 1 9 1979 . 19	
	I hereby certify that the rules and r	gith and that the information given	1.10 9	resset
	above is true and complete to the	best of my knowledge and belief.	BY W. G.	

Area Engineer

01-23-79

(Title)

This form is to be filed in compliance with RULE 1104.

SUPERVISOR, DISTRICT II

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation term taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for sllow-able 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.