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TRANSPORTER	OIL	/
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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

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MAY 7 1979

Operator GULF OIL CORPORATION		O.G.G. ARTESIA, OFFICE	
Address P. O. Box 670, Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-2-79 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "GM" State	Well No. 2	Pool Name, Including Formation Unders. Wolfcamp - Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. L-621
Location Unit Letter G ; 1980 Feet From The North Line and 2180 Feet From The East Line of Section 36 Township 19S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, NM 88252				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36	Twp. 19S	Rge. 27E	Is gas actually connected? No

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-19-79	Date Compl. Ready to Prod. 5-2-79	Total Depth 11,135'		P.B.T.D. 9215'					
Elevations (DF, RAB, RT, GR, etc.) 3438' GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 8838		Tubing Depth 8781'					
Perforations 8838' - 8946'		Depth Casing Shoe -							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13-3/4" - 48#		DEPTH SET 400'		SACKS CEMENT 475 sx - circ				
12 1/2"	8-5/8" - 24#		3000'		1500 sx - circ				
7-7/8"	5 1/2" - 17#		11,135'		1000 sx - TSITC @				
	2-3/8"		8781'		6660'				

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 5-2-79	Date of Test 5-3-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr	Tubing Pressure 550#	Casing Pressure Pkr	Choke Size 27/64" 2 1/2" 74
Actual Prod. During Test 457	Oil - Bbls. 424	Water - Bbls. 33	Gas - MCF 876

GAS WELL

Gravity 49.6° API

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Area Engineer

(Signature)

(Title)

5/4/79

(Date)

OIL CONSERVATION COMMISSION

MAY - 8 1979

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

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.