NTA FE	1	
LE	1	/
...S.		
ND OFFICE		
TRANSPORTER OIL	1	
TRANSPORTER GAS	1	
PERATOR	1	
RORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED
FEB 13 1981
O. C. D.
ARTESIA, OFFICE

Operator
Gulf Oil Corporation ✓

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain): To Show Gas Transporter

If change of ownership give name and address of previous owner

R-6758 8-26-81

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lake McMillan Federal Unit	1	East Lake McMillan ~~Wildcat~~ Wolfcamp ~~Gas~~	State, Federal or Fee Federal	Sorensen 12264

Location
Unit Letter I : 1450 Feet From The South Line and 150 Feet From The East
Line of Section 30 Township 19S Range 27E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
El Paso Natural Gas
Address (Give address to which approved copy of this form is to be sent)
Box 1492, El Paso, TX 79999

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	30	19S	27E	~~No~~ yes	4-9-81

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-12-80	10-18-80	10500	9722
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3324 gr.	Wolfcamp	7870	7810
Perforations			**Depth Casing Shoe**
7870-96			9753

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8"	322	400
12 1/4	8 5/8"	2725	1000
7 7/8"	5 1/2"	9753	900
	2 3/8"	7810	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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/MMCF	Gravity of Condensate
1576	1 hr.	0	0
Testing Method (Pitot, back pr.)	**Tubing Pressure (~~Shut-in~~)**	**Casing Pressure (~~shut-in~~)**	**Choke Size**
Flow	1485#	0	adj.

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.

R D Peters
(Signature)

Area Engineer
(Title)

2-12-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 17 1981, 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.