

DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseded Old Form O-104 and C-1
Effective 1-1-84

NOV 05 1984

O. C. D.
ARTESIA, OFFICE

Operator Gulf Oil Corp.
Address P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)
New Well
CASINGHEAD GAS MUST NOT BE

If change of ownership give name
and address of previous owner

FLARED AFTER 12-30-84
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hackberry Yates Unit</u>	Well No. <u>120</u>	Pool Name, including Formation <u>Hackberry Yates - SR</u>	Kind of Lease State <u>Federal</u> Fee <u>NM 06765</u>	Lease No.
Location Unit Letter <u>I</u> : <u>2482</u> Feet From The <u>South</u> Line and <u>64</u> Feet From The <u>East</u>	Line of Section <u>23</u>	Township <u>19S</u>	Range <u>30E</u>	NMPM, <u>Eddy</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>Las Animas Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 60028 San Angelo, TX 76906</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>Gulf Oil (Used on Lease)</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Soc. <u>23</u> Twp. <u>19</u> Rge. <u>30</u>
Is gas actually connected?	When

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	Stim. Treat.	Partial Redrill
Date Spudded <u>9-19-84</u>	Date Compl. Ready to Prod. <u>10-26-84</u>	Total Depth <u>2003'</u>	P.D.T.D. <u>1913'</u>					
Elevations (D.F., RKB, RT, CR, etc.) <u>3247.7' GL</u>	Name of Producing Formation <u>Yates</u>	Top Oil/Gas Pay <u>1802'</u>	Tubing Depth <u>1881'</u>					
Perforations <u>1802'-1810'</u>			Depth Casing Shoe <u>-</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>12 1/4"</u> <u>9 7/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>5 1/2"</u> <u>2 7/8"</u>	DEPTH SET <u>610'</u> <u>2003'</u> <u>1881'</u>	SACKS CEMENT <u>400</u> <u>650</u>
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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 greater than allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>10-26-84</u>	Date of Test <u>10-31-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	Post-Test ID: <u>2</u> <u>11-30-84</u> <u>Camp 4 BK</u>
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>25</u>	Casing Pressure <u>25</u>	Choke Size <u>W.C.</u>
Actual Prod. During Test <u>151</u>	Oil - Bbls. <u>32</u>	Water - Bbls. <u>119</u>	Gas - MCF <u>7.5 STM</u>

GAS WELL

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

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.

WR Clark
(Signature)
ACTING AREA ENGINEER
(Title)
11-2-84
(Date)

OIL CONSERVATION COMMISSION

NOV 29 1984

APPROVED _____, 19

BY _____
Original Signed By
Leslie A. Clements
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 production 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 change of owner, well name or number, or transporter, or other such change of condition.