

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION FOR PRODUCTION OF OIL AND NATURAL GAS

APR 6 1973

U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

Operator Gulf Oil Corporation

Address Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain) Change in gas transporter, effective March 1, 1973

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hackberry Hills Unit Well No. 1 Pool Name, including Formation Hackberry Hills-Canyon Gas Kind of Lease State, Federal or Fee Fed NM-02500

Location Unit Letter 0 ; 880 Feet From The South Line and 2130 Feet From The East

Line of Section 1 Township 22-S Range 25-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Southern Union Production Company Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., Dallas, Texas 75201

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 1 Twp. 22-S Rge. 25-E Is gas actually connected? Yes When 9-16-66

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 Restoration ☐ Restoration

Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____

Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____

Perforations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

J. J. Greaseale
(Signature)
Area Engineer
(Title)
April 5, 1973
(Date)

OIL CONSERVATION COMMISSION

APR 13 1973

APPROVED _____, 19____
BY J. A. Grissett
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled 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 new wells.
Fill out only Sections I, II, III, and VI for change of transporter, well name or number, or transporter, or other such change.
Separate Forms C-104 must be filed for each pool in newly completed wells.