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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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I.

Operator: Gulf Oil Corporation ✓

Address: Box 670, Hobbs, New Mexico

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)*: ~~New Well. Request for 890 bbl allowable for December, 1966~~

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Springs Unit	1	Wildcat - Penn.		Federal

Location: Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 34 Township 20-S Range 26-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: The Permian Corporation

Address *(Give address to which approved copy of this form is to be sent)*: Box 4157, Midland, Texas

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: None

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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	34	20-S	26-E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-27-66	12-6-66	8800'	8747'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3221' GL	Penn	8004'	7948'
Perforations			**Depth Casing Shoe**
8004 - 8014' & 8048 - 8062'			8782'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	177'	175 sacks (Circulated)
11"	8-5/8"	2714'	950 sacks (Circulated)
7-7/8"	5-1/2"	8782'	300 sacks (TOC at 6745')

V. 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
4,481	10 hours	33	61.6
Testing Method *(pitot, back pr.)*	**Tubing Pressure** (Shut-in)	**Casing Pressure** (Shut-in)	**Choke Size**
Orifice Flow Meter	2190	--	18-64"

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.

ORIGINAL SIGNED BY
C. D. BORLAND
(Signature)

Area Production Manager
(Title)

December 21, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 9 1967, 19 _____

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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.