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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 16 1969
O. C. C.
ARTESIA, OFFICE

Operator Gulf Oil Corporation	
Address Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	To show transporters
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "ED" State	Well No. 1	Pool Name, Including Formation Unico, Golden Lane Strawn	Kind of Lease State, Federal or Fee State	Lease No. E-997
Location				
Unit Letter P	660	Feet From The South Line and 990	Feet From The East	
Line of Section 32	Township 20-S	Range 30-E	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Delhi Gas Pipeline Corporation	1001 Americana Bldg., Houston, Texas 77002					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 32	Twp. 20-S	Rge. 30-E	Is gas actually connected? Yes	When 8-11-69
No - Will be furnished by transporter						

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 1-21-69	Date Compl. Ready to Prod. 3-27-69	Total Depth 11,075'	P.B.T.D. 11,035'					
Elevations (DF, RKB, RT, GR, etc.) 3358' GL	Name of Producing Formation Strawn	Top Gas Pay 10,980'	Tubing Depth 10,875'					
Perforations 10,980' to 10,998' and 11,006' to 11,011'			Depth Casing Shoe 11,074'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	135'	600 sacks (Circulated)
15"	11-3/4"	1614'	1050 sacks (Circulated)
11"	8-5/8"	1209'	1075 sacks (Circulated)
7-7/8"	5-1/2"	11,074' 10,875'	300 sacks (TOC at 8760')

V. TEST DATA AND REQUEST FOR ALLOWABLE 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 1640	Length of Test 4 hours	Bbls. Condensate/MMCF 19	Gravity of Condensate 53.2
Testing Method (pitot, back pr.) Orifice Meter	Tubing Pressure (shut-in) 3800#	Casing Pressure (shut-in) --	Choke Size 15/64"

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)

May 14, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 25 1969**, 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.