

FILE	1	✓
U.S.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		4
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superior Oil Company C-110  
Effective 1-1-65

APR 6 1973

Operator <b>Gulf Oil Corporation</b>		D. E. S. ARTESIAN CEMENT	
Address <b>Box 670, Hobbs, New Mexico 88240</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in gas transporter, effective March 1, 1973.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	If change of ownership give name and address of previous owner		

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eddy "BD" State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Golden Lane Strawn</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-997</b>
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b> Line of Section <b>32</b> Township <b>20-S</b> Range <b>30-E</b> , NMPM, <b>Eddy</b> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79701</b>					
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) <b>Fidelity Union Tower Bldg., Dallas, Texas 75201</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>32</b>	Twp. <b>20-S</b>	Rge. <b>30-E</b>	Is gas actually connected? <b>Yes</b>	When <b>8-11-69</b>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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			

IV. 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

V. 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.

**H. J. Bessie**  
Area Engineer  
April 5, 1973

OIL CONSERVATION COMMISSION

APPROVED **APR 13 1973**  
BY **W. A. Gressett**  
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 allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for existing wells, well name or number, or transporter, or other such information.  
Separate Forms C-104 must be filed for each pool or recompleted well.