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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-11
Effective 1-1-65

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NOV 9 1976

O. C. C.
ARTESIA, OFFICE

I. Operator

Gulf Oil Corporation

Address

Box 670, Hobbs, New Mexico 88240

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

If change of ownership give name and address of previous owner

R-5609 1-1-78 Northeast Avalon Atoka

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eddy FT State	1	~~Undes~~ Wildcat Atoka	State, Federal or Fee State	K-6437

Location

Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 26 Township 20-S Range 27-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
None - Dry Gas Well	
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					~~No~~ Yes	10-18-76

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.
7-8-76	8-25-76	11,325'	10,850'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top XX/Gas Pay**	**Tubing Depth**
3322' GL	Atoka	10,573'	10,596'
Perforations			**Depth Casing Shoe**
10,573' to 10,596'			11,325'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	420'	550 sx &2yds gravel (Ci
11"	8-5/8"	2,875'	1450 sacks (Circulated)
7-7/8"	5-1/2"	11,325'	800 sacks (TOC at 9720'
	2-3/8"	10,596'	

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
8150	24 hours	0	--
Testing Method (pitot, back pr.)	**Tubing Pressure (~~Shut-in~~)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	2050# Flowing	---	1"

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.

O. T. Berlin
(Signature)

Area Engineer
(Title)

November 8, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 15 1976, 19

BY W. A. Gressett

TITLE 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 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.