

DISTRIBUTION	
SATISFACTION	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

RECEIVED

DEC 4 1981

Operator Gulf Oil Corporation		O. C. D. ARTESIA OFFICE	
Address P. O. Box 670, Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
Recompletion ☒			
Change in Ownership ☐			

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "FV" State Com	Well No. 2	Pool Name, Including Formation Burton Pool Undes. Morrow	Kind of Lease State, Federal or Fee State	Lease No. K-6527
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>20S</u> Range <u>27E</u> , N.M.P.M., <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 25	Twp. 20S	Rge. 27E	Is gas actually connected? Yes	When 11-13-81 8-1-77

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		XX		XX	X			XX
Date XXXXXX 10-12-81	Date Compl. Ready to Prod. 11-18-81		Total Depth 11,425'		P.B.T.D. 11,175'			
Elevations (DF, RKB, RT, GR, etc.) 3317' GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,018'		Tubing Depth 10,962'			
Perforations 11,018'-11,140'					Depth Casing Shoe --			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

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 top 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

Posted 11-15-81
Added 15-15-81
12-11-81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1136	4 hrs	0	0
Testing Method (pilot, back pt.)	Tubing Pressure (XXXXXX)	Casing Pressure (shut-in)	Choke Size
Flow	2180#	0#	--

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.

R.D. Pitzer
(Signature)
Area Engineer
(Title)
12-3-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 11 1981, 19
BY R.D. 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 portions 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.