

DISTRIBUTION  
SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

NOV 20 1980

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:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name **Potts Federal Com** Well No. **2** Pool Name, including Formation **Burton Flat Morrow** Kind of Lease **Federal** Lease No. **NM-13410**  
Location  
Unit Letter **F** ; **1980** Feet From The **North** Line and **1980** Feet From The **West**  
Line of Section **13** Township **20S** Range **27E** , NMPM, **Eddy** County

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)  
**Permian Corporation** **P. O. Box 3119, Midland, TX 79701**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
**El Paso Natural Gas** **P. O. Box 1492, El Paso, TX 79999**  
If well produces oil or liquids, give location of tanks. Unit **F** Sec. **13** Twp. **20** Rge. **27** Is gas actually connected? **Yes** When **2-2-81**

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. ☐  
Date Spudded **7-9-80** Date Compl. Ready to Prod. **9-4-80** Total Depth **11,275'** P.B.T.D. **11,229'**  
Elevations (DF, RKB, RT, GR, etc.) **3309' GL** Name of Producing Formation **Morrow** Top Oil/Gas Pay **10,852'** Tubing Depth **10,806'**  
Perforations **10,852'-10,974'** Depth Casing Shoe **--**

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	11-3/4"	400'	350
11"	8-5/8"	3047'	700
7-7/8"	5 1/2"	11,275'	500

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

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
**3051** **24 hours** **0** **0**  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size  
**Flow** **3100#** **0#** **adj**

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)  
**11-19-80**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **FEF 10 1981**, 19  
BY **W. A. Gressett**  
TITLE **SUPERVISOR, DISTRICT I**  
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.