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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

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-1  
Effective 1-1-65

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AUG 28 1978

I.

Operator GULF OIL CORPORATION ✓		O. C. C. ARTESIA, OFFICE	
Address P. O. BOX 670, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<del>Indicate Condensate Transporter</del>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<del>Corrected C-104</del>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry 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 "GN" State Com	Well No. 1	Pool Name, including Formation South Carlsbad Morrow	Kind of Lease State, Federal or Fee	State	Lease No. L-776
Location Unit Letter <u>G</u> ; <u>1880</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>					
Line of Section <u>28</u> Township <u>23-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> County					

III. 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)				
Permian Corporation <del>Permian (EX. 9 / 1 / 77)</del>	Box 3119 , Midland, Texas 79701				
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)				
El Paso Natural Gas Company	P. O. Box 1384, Jal. New Mexico 88252				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 28	Twp. 23S	Rge. 26E	Is gas actually connected? <u>Yes</u> When <u>9-19-78</u>

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 4-8-78	Date Compl. Ready to Prod. 7-21-78	Total Depth 12,000'	P.B.T.D. 11,740'					
Elevations (DF, RAB, RT, GR, etc.) 3325' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,396'	Tubing Depth 11,284'					
Perforations 11,396' - 11,640' Morrow			Depth Casing Shoe 12000					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	65.00#	290'	885 sx - Circulate
13-3/4"	40.50#	2,007'	1890 sx - Circulate
9-1/2"	26.40#	8,865'	800 sx - TSITOC @ 4600
6-1/2"	5" Liner - Top @ 8593'	- Tbg. @ 11,284'	

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Past test	
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 1930	Length of Test 4 Hours	Bbls. Condensate/MMCF 3	Gravity of Condensate 52° API
Testing Method (piston, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3625#	Casing Pressure (Shut-in) -	Choke Size Adjustable

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.

N. B. Sikes, Jr.  
(Signature)

Area Engineer  
(Title)

8-25-78  
(Date)

OIL CONSERVATION COMMISSION

SEP 22 1978

APPROVED \_\_\_\_\_, 19

BY N. A. Gussitt  
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 deviating 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 multiple completed wells.