1.	NO. OF COPIES ALCOVED       5         DISTRIBUTION       5         SANTA FE       7         FILE       7         U.S.G.S.       1         LAND OF FICE       01L         TRANSPORTER       01L         GAS       7         PROPATION OFFICE       01L         IRANSPORTER       01L         GAS       7         JAN 2 5 1979         OPERATION OFFICE       10. C. C.         GULF OIL CORPORATION       10. C. C.         Address       ARTEBIA, OFFICE         P. O. Box 670, Hobbs, New Mexico       88240         Reoson(s) for filing (Check proper box)       Designate				
н.	New We!! XX Recompletion Change in Ownership give name and address of previous owner DESCRIPTION OF WELL AND I	Cil Dry Ga Casinghead Gas Conder	s X New Wel		
	Eddy "GR" State	1 Undesignate		al cr Fee State L-1462	
		<u>30</u> Feet From The <u>North</u> Lin	e and 660 Feet From	The West	
		nshlp 23–5 Range	28-е , ммрм,	Eddy County	
HI.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	S Address (Cive address to which appro	oved copy of this form is to be sent)	
	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 C	ompany	P. O. Box 1384, Jal,	New Mexico 88252	
	If well produces all or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? W?	4-27-79	
	f this production is commingled with that from any other lease or pool, give comminging order number:				
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug B				Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio		XX	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod. 10-21-78	Total Depth 12,710'	12.445'	
	7-28-78 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3021 <sup>1</sup> GL	Morrow	12,257'	12,188 <sup>1</sup> Depth Casing Shoe	
		12.257' - 12.364'			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	20" - 94#	404'	800 - Circulated	
	17-1/2"	13-3/8" - 48# & 61#	2,632'	1800 - Circulated	
	12-1/4''	9-5/8" - 53.5,43.5,40	& 47# 9,650' Top @ 9,302'	2550 - Circulated 910 - Circulated	
.,	$\frac{8-1/2^{11}}{2}$	7" Liner - 26#			
Υ.			pth or be for full 24 hours) Producing Method (Flow, pump, gas l		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Dutra Task	011-Bbls.	Water - Bble.	Gas - MCF	
	Actual Prod. During Test				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
	2938 Teating Mathod (pitor, back pr.)	4 Hours Tubing Pressure (XXXXXXX)	Casing Preasure (Shut-in)	Choke Size	
	Back Pressure	920# Flowing	-	Adjustable	
VI.	CERTIFICATE OF COMPLIANCE		11	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAY - 4 1979 19		
	I hereby certify that the rules and regulations of the on constraints of new been complied with and that the information given above is true and complete to the beat of my knowledge and belief. N. R. Likes (Signature) Area Engineer (Title)		BY W, C, gresset		
			TITLE SUPERVISOR, DISTRICT IL		
			This form is to be filled in compliance with NULE 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 is accordance with NULE 111. All sections of this form must be filled out completely for allow- able on new and recomplied wells.		
	01-23-79 (Dat	e j	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-165 must be filed for each pool in multiply completed wells.		