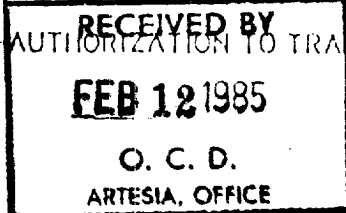


DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

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

Form OCS-104
Supersedes Old OCS-104 and OCS-11
Effective 1-1-85



Operator Gulf Oil Corp.
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	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Eddy "48" State</u>	<u>2</u>	<u>N. Loring Atoka</u>	<u>State, Federal or Fee</u>	<u>L-1462</u>
Location	Unit Letter	Feet From The	Feet From The	
	<u>E</u>	<u>1550</u>	<u>North</u>	<u>1780</u>
			<u>East</u>	
Line of Section	Township	Range	N.M.P.U.	County
<u>16</u>	<u>23S</u>	<u>22E</u>	<u>Eddy</u>	

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)				
<u>Pennian Corp.</u>	☒	<u>P.O. Box 3119, Midland, TX 79701</u>				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
<u>El Paso Natural Gas</u>	☒	<u>P.O. Box 1492 El Paso, TX 79999</u>				
Is well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When
					<u>No</u>	

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	Stake Restored	Full Reviv.
		☒				☒		☒
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O.T.D.					
<u>1-15-85</u>	<u>1-17-85</u>	<u>12,901'</u>	<u>12,100'</u>					
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth					
<u>3024' GL</u>	<u>Atoka</u>	<u>11,564'</u>	<u>11,493'</u>					
Perforations			Depth Casing Shoe					
<u>11,564-70'</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>No New Log</u>			

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.)	Post ID-2 2-15-85 Comp. H.R.
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/MCF	Gravity of Condensate
<u>4536</u>	<u>4 hrs</u>	<u>0</u>	<u>0</u>
Sealing Method (Flow, back pr.)	Tubing Pressure (psit-in)	Casing Pressure (psit-in)	Choke Size
<u>flow</u>	<u>4880</u>	<u>1470</u>	<u>11/64"</u>

CERTIFICATE OF COMPLIANCE

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.

RQ Pite

(Signature)

AREA ENGINEER

(Title)

2-11-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 18 1984, 19

BY LARRY BROOKS
GEOLOGIST - NMOC

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 change of owner, well name or number, or transporter, or other such change of condition.