

HELENE OIL CONSERVATION CORPORATION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supervised by OIA O-101 and C-1
 Effective 1-1-65

PROPERTY NO. _____
 WELL NO. _____
 OPERATOR _____
 PRODUCTION OFFICE _____

Gulf Oil Corporation

Reason for filing (Check proper box)
 New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Ownership Conduthead Gas Condensate

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
 Lease No. _____ Well No. _____ Post Office, including Post Office
 Location _____ Federal Com. _____ North Loving Morrow _____ State, Federal or Foreign _____ Federal _____ Lease No. _____ NM-1803

Location
 Well Letter _____ : _____ 2010 Feet From The _____ South Line and _____ 1980 Feet From The _____ West
 Line of Section _____ 9 Township _____ 23S Range _____ 28E NMPM _____ Eddy _____ County _____

SIGNATURE 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)
 None _____
 Name of Authorized Transporter of Conduthead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 El Paso Natural Gas _____ Box 1492, El Paso, TX 79999
 If well produces oil or hydrocarbons, give location of tanks. _____
 Is gas actually connected? _____ When _____
 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	Recover	Deepen	Plug back	Same Res'n.	PH. H.
		XX	XX					
Date Com'd. Ready to Prod.	6-16-81		Total Depth	12,700'		12,656'		
Productions per, RAB, RT, GR, etc.)	Name of Producing Permittion		Top Oil/Gas Layer		Testing Depth			
3042' GL	Morrow		12,476'		12,240'			
Productions					Depth casing since			
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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	410'	600
14-3/4"	10-3/4"	2,694'	1350
7-7/8"	7-5/8"	10,500'	500
	5"	12,699'	400

TEST DATA AND REQUEST FOR ALLOWABLES
 (Test must be after recovery of initial volume of fluid oil and must be equal to or exceed top of well for this depth or be for 24 hours)
 Date of Test _____ Producing Method (Flow Pump, gas lift, etc.) _____
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test _____ Oil-Water _____ Water-Water _____ Gas-MCF _____

GAS WELL
 Actual Prod. Test-MCF/D _____ Length of Test _____ Lbs. Condensate/MCF _____ Gravity of Condensate _____
 Testing Method (Flow, back prod.) _____ Tubing Pressure (psig-in) _____ Casing Pressure (psig-in) _____ Choke Size _____
 Flow _____ 2855# _____ 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
 Area Engineer
 7-23-81

OIL CONSERVATION COMMISSION
 APPROVED _____, 19 _____
 BY _____
 TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowables for a newly drilled or deepened well, this form must be accompanied by a tabulation of the existing tests taken on the well in accordance with RULE 1104.
 All sections of this form must be filled out completely for all wells on new or old completed wells.
 Fill out only Sections I, II, III, and VI for change of ownership.