

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 5 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: BY OFFICE RECEIVED		DISTRIBUTION	
MANAGER		<input checked="" type="checkbox"/>	
FILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M.E.O.			
LAND OFFICE			
TRANSPORTER	OFF. OAS	<input checked="" type="checkbox"/>	
OPERATION		<input checked="" type="checkbox"/>	
PROMOTION OFFICE			
ADMINISTR.			

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐C11 ☐Dry Gas ☐

New Well

Costinghead Gas ☐

Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name White City Penn Gas Com Unit 1	Well No. 2	Pool Name, Including Formation White City Penn Atoka	Kind of Lease State, Federal or Fee	Lease No. Fed IC 065457
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>29</u> Township <u>24S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

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)	
None						
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)	
Transwestern Pipeline Co.					Box 2018, Roswell, NM 88201	
Well produces oil or liquids, Give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO YES	1-17-83

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 Restv.	Diff. Restv.
			XX	XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
5-7-82	9-3-82		11,646'			10,710'			
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3449' GL	Atoka		10,068'			10,013'			
Measurements						Depth Casing Shoe			
10,764'-11,078' (plugged)						10,068'-10,388'			
						--			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	304'	730
14-3/4"	10-3/4"	1,800'	1400
9 1/2"	7-5/8"	8,700'	1425
6 1/2"	5"	11,646'	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 WFL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2699	4 hrs	0	0
Sealing Method (is test, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flow	4124#	0#	--

CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James L. Howell
(Signature)

Area Engineer

(1994)

10-1-82

(101)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1983 _____ 19 _____

Original Signed By _____

TITLE Supervisor District II

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.

Separate Form C-104 must be filed for each pool in multiply completed wells.