

APR 1 1982

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PROMOTION OFFICE	

Operator  
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 ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
New Well

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Federal, Com "B"	Well No. 1	Pool Name, including Formation White City Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM-41645
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Location  
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West  
Line of Section 13 Township 25S Range 26E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>4-20-82</u>

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 Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 10-25-81	Date Compl. Ready to Prod. 1-23-82	Total Depth 11,774'	P.B.T.D. 11,729'					
Elevations (DF, RNB, RT, GR, etc.) 3241' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,472'	Tubing Depth 11,415'					
Perforations 11,472'-11,560'			Depth Casing Shoe --11774					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	1,785'	1750
9 1/2"	7-5/8"	9,107'	800
6 1/2"	5" liner	8783-11,774'	600

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 WELL

Actual Prod. Test-MCF/D 2969	Length of Test 4 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Flow	Tubing Pressure (Shut-in) 3850#	Casing Pressure (Shut-in) 0#	Choke Size --

CERTIFICATE OF COMPLIANCE

I 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.

RDP  
(Signature)  
Area Engineer  
(Title)  
3-30-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 27 1982, 19\_\_\_\_  
BY W. A. Gressett  
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 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 Forms C-104 must be filed for each pool in multiply recompleted wells.