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LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
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Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
FEB 16 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Gulf Oil Corporation ✓

Address: P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain): New Well

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

CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/1/83 UNLESS AN EXCEPTION ~~TO~~ FROM MMS IS OBTAINED

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Booth "BP" Federal	1	Wildcat Cherry Canyon	State, Federal or Fee Fed	NM 11038

Location
Unit Letter A : 990 Feet From The North Line and 660 Feet From The East

Line of Section 23 Township 26S Range 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Koch Oil Co.

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1558, Breckenridge, TX 76024

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Unknown

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	23	26S	29E	No	

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-22-82	2-1-83	6386'	--

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2957' GL	Delaware	5228'	5290'

Perforations	Depth Casing Shoe
5228'-5236'	--

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	333'	545 sx
9 7/8"	7"	3800'	1500 sx
6 1/4"	4 1/2"	6382'	425 sx
	2 3/8	5290	

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.)
2-1-83	2-5-83	Pump

Post FD-2 2-18-83 → BK Comp

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	25#	25#	--

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
150	15	135	8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

R D Bate
(Signature)
Area Engineer
(Title)
2-15-83
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 21 1983, 19__
BY Original Signed By Leslie A. Clements
Supervisor District II
TITLE _____

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 completed wells.