

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

Form 1-104
Supersedes OIL C-101 and C-
Effective 1-1-65

DISTRIBUTION	
SALES TAX	
TITLE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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:	
Incompletion	☐	Oil	☐
Change in Ownership	☐	Coalinghead Gas	☐
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Douthitt "A" Federal	4	Basin Dakota	State, Federal or Fee Federal	7-08803
Location				
Unit Letter	D	Feet From The	North	Line and
	1000		1000	Feet From The
			West	
Line of Section	35	Township	27N	Range
			11W	, N.M.P.M.,
			San Juan	County

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)					
Permian Corporation	Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Coalinghead 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 liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	34	27N	11W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

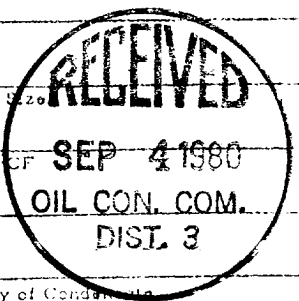
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Diff. Res.
	XX		XX				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
4-10-80	6-15-80	6750'	6706'				
Elevations (DE, RRP, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
6439' GL	Basin Dakota	6576'	6585'				
Perforations	Depth Casing Shoe						
6576-86', 6626-36', 6604-09'	--						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	787'	400 sx-circ
7-7/8"	4 1/2"	6750'	925 sx-circ

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.)	
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	Lbbs. Condensate/MCF	Gravity of Condensate
229	24 hours	0	--
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
flow	250#	0#	none

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.

(Signature)

Area Engineer

8-21-80

(Title)

(Date)

OIL CONSERVATION COMMISSION

SEP 10 1980

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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 deviate tests taken on the well in accordance with RULE 1111.

All portions of this form must be filed on company property for allowable on new well is complete.

Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other such change of conditions.