

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF078092
~~7-08803~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Douthitt "A" Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec 35-T27N-R11W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1000' FNL & 1000' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, CR, etc.)

6439' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Show On Line

REPAIRING WELL

ALTERING CASING

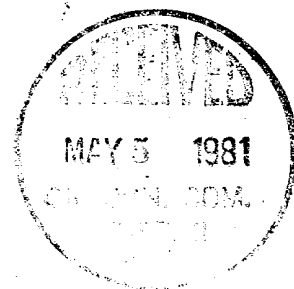
ABANDONMENT*

X

(NOTE: Report results of multiple completion or Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

Well on line to El Paso on 4-20-81. CITP 600# on line at 10:15 A.M. w/FTP 200#,
240 MCF/D, produced 18 bbls condensate in 24 hours.



ACCEPTED FOR RECORD

18. I hereby certify that the foregoing is true and correct

SIGNED

R. D. Pitre

TITLE

Area Engineer

DATE

MAY 4 1981
4-23-81

(This space for Federal or State office use)

FARMINGTON DISTRICT

BY

RS

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

11000

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CHEVRON U.S.A. INC.

Address
P. O. Box 599, Denver, CO 80201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Name Change Effective 7-1-85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Douthit "A" Federal	Well No. 4	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 7-08803
Location Unit Letter D : 1000 Feet From The North Line and 1000 Feet From The West Line of Section 35 Township 27N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999
If well produces oil or liquids, give location of tanks. Unit M Sec. 34 Twp. 27N Rge. 11W	Is gas actually connected? When NO

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

R. D. Pate

(Signature)

Area Engineer

(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

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.

OIL CON. DIV.
DIST. 3