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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Gulf Oil Corporation		
Address P. O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	New Well
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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

DESCRIPTION OF WELL AND LEASE

Lease Name Douthit "A" Federal Com	Well No. 5	Pool Name, including Formation W. Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078092
Location Unit Letter <u>A</u> ; <u>890</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>27N</u> Range <u>11W</u> , NMPM, <u>San Juan</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"/> 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 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) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 32	Twp. 27N	Pge. 11W	Is gas actually connected? No	When

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 10-25-80	Date Compl. Ready to Prod. 11-30-80		Total Depth 2200'		P.B.T.D. 2160'			
Elevations (DF, RKB, RT, GR, etc.) 6454' GL	Name of Producing Formation W. Kutz Pictured Cliffs		Top Oil/Gas Pay 2004'		Tubing Depth 2190'			
Perforations 2004'-2068'					Depth Casing Shoe --			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-3/4"	7"	90'	75
6 1/4"	2-7/8"	2190'	475

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 greater than 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 443	Length of Test 5 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) flow	Tubing Pressure (shut-in) 105#	Casing Pressure (shut-in) 245#	Choke Size --

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.

RDP
(Signature)

Area Engineer

(Title)

12-31-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 2 1981**, 19

Original Signed by FRANK T. CHAVEZ

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.