

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	OAL	
OPERATOR		
PROMOTION OFFICE		
Operator		

Gulf Oil Corporation

Adressa

P. O. Box 670, Hobbs, NM 88240

Reason(s) for Tiling (Check proper box)

New Well

Change in Transporter of:

Other (Please explain)

Recompletion

City

Dry Gas

Change in Ownership

Casinghead Gas ☐

Condensate

Gas Connected

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.
Douthit "C" Federal		3E	Basin Dakota		State, Federal or Free Federal	SE-078092
Location						
Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>						
Line of Section		Township	Range	, NMPM,		County
26		27N	11W	San Juan		

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"/> Gas Company of New Mexico					Address (Give address to which approved copy of this form is to be sent) Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When 4-6-82

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

[illegible]

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Coaling 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.

RF Pite
(Signature)

Area Engineer

4-12-82

(Date)

OIL CONSERVATION DIVISION

APPROVED ALB 1982, 19

BY Original Signed by FRANK CHAVEZ

TITLE SUPERVISOR INST

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 III.

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 Form C-104 must be filed for each pool in multiply completed wells.