

NEW MEXICO  
 OIL AND GAS DEPARTMENT


OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87401

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gulf Oil Corp.

P. O. Box 670, Hobbs, NM 88240

Production by (Check proper box)

Oil Well <input checked="" type="checkbox"/>	Change in Transporter of Oil	<input type="checkbox"/>	Other (Please specify)	<u>None</u>
Completion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		

Change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Well No.	1	Well Name, including Formation	116' 1/2" (shut-in) well	Lease No.	18 1630
Well Depth	116'	Feet From The	116' 1/2" (shut-in) well		
Line of Section	14	Township	19N	Range	9E

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	<u>116' 1/2" (shut-in) well</u>
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	<u>116' 1/2" (shut-in) well</u>

Well produces oil or liquids, and location of tanks.

Unit	116'	Sec.	16	Twp.	19N	Rge.	9E	Is gas actually connected to main line?	<input checked="" type="checkbox"/>
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If production is commingled with that from any other lease or pool, give commingling order.

COMPLETION DATA

Designate Type of Completion (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New well <input type="checkbox"/>	Recovery <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Holes <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded	2-11-84	Date Compl. Ready to Prod.	5-28-84	Total Depth	116'	P.B.T.D.	960'
Formation (OF, RNB, RT, CR, etc.)	5776' SL	Name of Producing Formation	116' 1/2" (shut-in) well	Top Oil/Gas Day	116'	Tubing Depth	
Perforations	116' 1/2" (shut-in) well					Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	116'	450
12 1/4"	8 5/8"	116'	1400
7 1/8"	5 1/2"	116'	575
	2 3/4"		

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume and must be equal to or exceed test of well.)

Date of Test	6-11-84	Producing Interval (Flow, shut-in, etc.)	116' 1/2" (shut-in) well
Depth of Test	24' hole	Casing Pressure	35#
Pressure Prod. During Test	35#	Water-Ubils.	191
		Choke Size	10.0.
		Gas-MCF'	191

GAS WELL

Flowing Method (shut-in, back pr.)	Shut-in	Length of Test		Wells, Condensate, or MCF'		Gravity of Condensate	
		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 is true and complete to the best of my knowledge and belief.

W. P. ...  
 (Signature)  
 W. P. ...  
 (Name)  
 5/1/84  
 (Date)

OIL CONSERVATION DIVISION

APPROVED: James Sexton, 1984  
 SUPERVISOR

TITLE: \_\_\_\_\_

This certificate is in compliance with RULE 110. If there is a reasonable possibility for a newly drilled or deep well, this certificate is voided by a violation of the rules listed on the certificate with RULE 111.

All sections of this certificate must be filled out completely on all wells on new and reworked wells.

Fill out only sections II, III, and VI for change of flow well name or number, or other such change of well identification.

Separate Form O-101 must be filed for each pool in multi-well production wells.

RECEIVED  
JUN 12 1984

RECEIVED  
JUN 12 1984  
HARRIS COUNTY

N. MEXICO OIL CONSERVATION COMMISS.  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-102  
Supersedes O-128  
Effective 10-65

All distances must be from the outer boundaries of the Section

Operator <b>GULF OIL CORP.</b>		Lease <b>LEA TZ STATE</b>			Well No. <b>4</b>
Grid Letter <b>F</b>	Section <b>16</b>	Township <b>19 S</b>	Range <b>35 E</b>	County <b>LEA</b>	

Actual Surface Location of Well:

**1780** feet from the **NORTH** line and **1980** feet from the **WEST** line

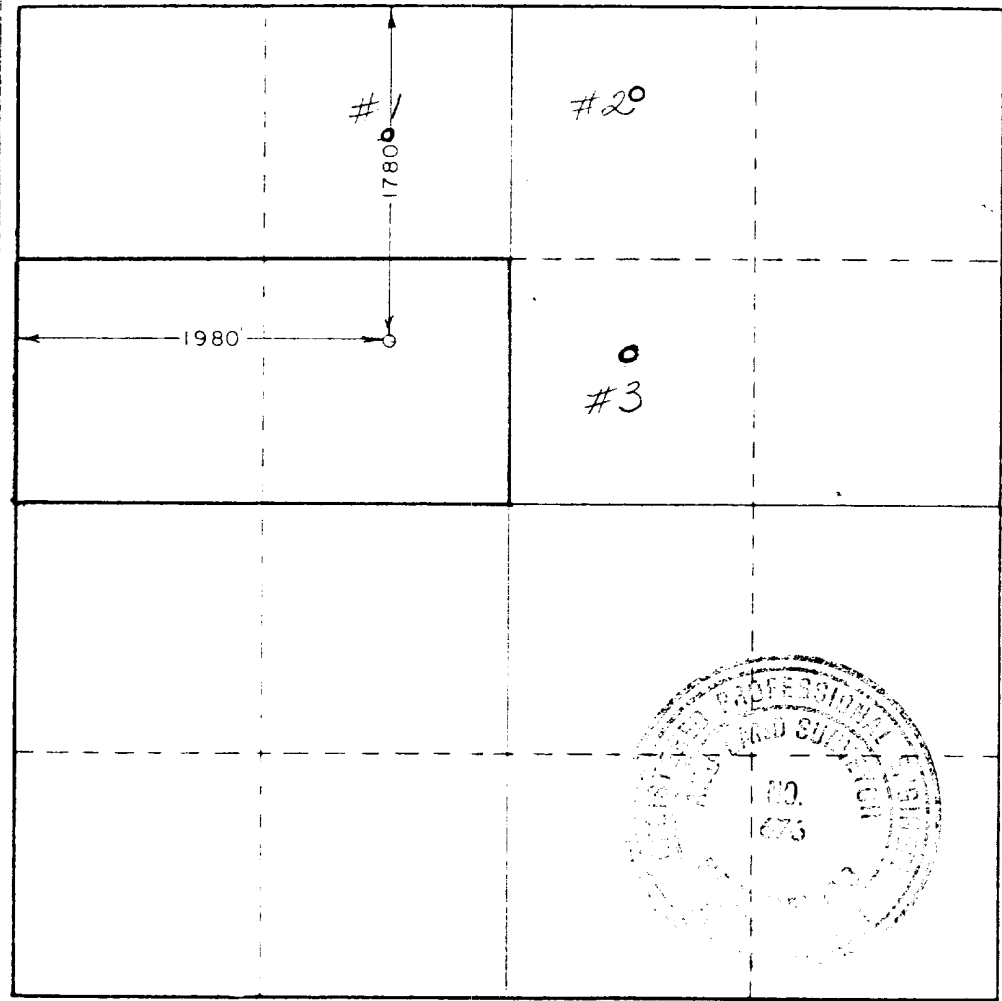
Ground Level Elev. <b>3795.8</b>	Producing Formation <i>Bone Springs</i>	Pool <i>Scharle Bone Springs</i>	Designated Acreage <b>80</b> Acres
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- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?
 

Yes    No   If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

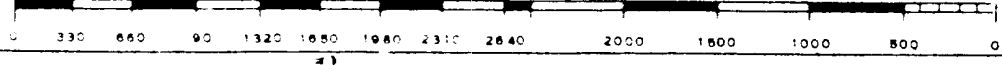
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*R.D. Pitre*

Name: **R. D. PITRE**  
 Title: **AREA ENGINEER**  
 Company: **GULF OIL CORP**  
 Date: **6-13-84**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: **1-27-84**  
 Registered Professional Engineer and Land Surveyor  
*Ronald J. Eidson*  
 Certificate No. **JOHN W WEST, 676**  
**RONALD J. EIDSON, 3239**



RECEIVED  
JUN 14 1984  
O.C.D.  
HOBS OFFICE