

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

Form O-104
 Supersedes OMC-101 and C-1
 Effective 1-1-65

DISTRICT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Gulf Oil Corp.
 Address P.O. Box 670 Hobbs N.M. 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Other (Please explain) <u>Change lease name and well number effective 2-1-85 formerly a J. Atkins # of No Show gas connected (Prev. fluid)</u>
Recompletion <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 Exxon

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lucie Monument South</u>	Well No. <u>302</u>	Pool Name, Including Formation <u>Lucie Monument</u>	Kind of Lease <u>Free</u>	Lease No.
Location	Unit Letter <u>E</u>	Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>	Line of Section <u>10</u>	Township <u>21S</u> Range <u>36E</u> N.M.P.M. <u>Lea</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipeline Company</u>	<u>P.O. Box 1910 Midland, TX 79702</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>Phillips Petroleum Company</u>	<u>4001 Denbroke, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>M</u> Soc. <u>10</u> Twp. <u>21S</u> Rge. <u>36E</u>	<u>Yes</u> <u>4-15-85</u>

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	Seize Test	Prod. Test
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Revisions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.D. Pite
 (Signature)
AREA ENGINEER
 (Title)
4-12-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 16 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
 TITLE DISTRICT 1 SUPERVISOR

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 production tests taken on the well in accordance with RULE 111.
 All portions of this form must be filled out completely for allowable on new and re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter of other well change of condition.

RECEIVED

APR 15 1985

O.C.D.
HOBSBS OFFICE