

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

Form C-104
 Supersedes Old C-101 and C-102
 Effective 1-1-65

IDENTIFICATION	
SALARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Gulf Oil Corp.

Address
P.O. Box 670, Hobbs NM 88240

Reason(s) for filing (check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (if so) **CASINGHEAD GAS MUST NOT BE FLOODED AFTER 11/1/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

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.
<i>Narry Leonard (OCT-C)</i>	<i>19</i>	<i>Blinbury</i>	<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	<i>B-1732</i>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<i>E</i>	<i>2080</i>	<i>North</i>	<i>990</i>
			Line and	
Line of Section	Township	Range	N.M.P.M.	County
<i>36</i>	<i>21S</i>	<i>36E</i>	<i>Lea</i>	

DESIGNATION 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)					
<i>Texas New Mexico Pipeline</i>	<i>Box 1510, Midland TX 79701</i>					
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)					
<i>Warren Petroleum</i>	<i>Box 1539, Tulsa OK 74100</i>					
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Range	Is gas actually connected?	When
	<i>E</i>	<i>36</i>	<i>21S</i>	<i>36E</i>	<i>No</i>	

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	Stim. Pres'n.	Unl. Res'n.
						<input checked="" type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
<i>8-27-84</i>	<i>8-31-84</i>	<i>6800'</i>	<i>6275'</i>					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<i>3537' GL</i>	<i>Blinbury</i>	<i>5570'</i>	<i>5800'</i>					
Perforations			Depth Casing Shoe					
<i>5570'-5791'</i>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>No New Log</i>			

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.)	
<i>8-31-84</i>	<i>9-2-84</i>	<i>Pump</i>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<i>24 hrs</i>	<i>30#</i>	<i>30#</i>	<i>W.O.</i>
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF
<i>212</i>	<i>109</i>	<i>103</i>	<i>260</i>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	lbs. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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 here is true and complete to the best of my knowledge and belief.

RDPite
 (Signature)
AREA ENGINEER
 (Title)
9-5-84
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 10 1984**, 19 _____

BY **ORIGINAL SIGNED BY JERRY SEKTON**
DISTRICT I SUPERVISOR

TITLE _____

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 deviator 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 re-completed 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.