

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-1
Effective 1-1-65

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SANTA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator <u>Gulf Oil Corp.</u>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10/5/84</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address <u>P.O. Box 670 Hobbs, NM 88240</u>		
Reason(s) for filing (Check proper box)		
New Well ☒	Change In Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Other (Please explain) <u>New Well</u>
Recompletion ☐		
Change In Ownership ☐		

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>N.A. Ramsay (WCT-D)</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Hollarkide Subh Drinkard</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>15782-C</u>
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>28</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119 Midland, TX 79701</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Unknown</u>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>28</u>	Twp. <u>24S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>No</u>	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 ☐	Surge Res'v. ☐	Diff. Res'v. ☐
Date Spudded <u>7-10-84</u>	Date Compl. Ready to Prod. <u>8-5-84</u>		Total Depth <u>6936'</u>		P.D.T.D. <u>6888'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>3213' GL</u>	Name of Producing Formation <u>Drinkard</u>		Top Oil/Gas Pay <u>6701'</u>		Tubing Depth <u>6610'</u>			
Perforations <u>6701'-6783'</u>					Depth Casing Shoe <u>-</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>1250'</u>	<u>600</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>6936'</u>	<u>1350</u>

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 <u>8-5-84</u>	Date of Test <u>8-14-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>50 #</u>	Casing Pressure <u>0</u>	Choke Size <u>20/64</u>
Actual Prod. During Test <u>110</u>	Oil - Bbls. <u>65</u>	Water - Bbls. <u>45</u>	Gua - MCF <u>22</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lb/in)	Casing Pressure (lb/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. Piche
(Signature)
AREA ENGINEER
(Title)
8-15-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 17 1984, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
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 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.