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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE OFFICE O. C. C.  
AND  
AUTHORIZATION TO TRANSPORT QUNAD NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Gulf Oil Corporation</b>	
Address <b>P.O. Box 98; Andrews, Texas</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		North Bagley-Pennsylvanian	
Lease Name <b>Lea "OG" State Con</b>	Well No. <b>1</b>	Pool Name, including Formation <b>North Bagley Lower Penn</b>	Kind of Lease <b>State</b>
Location		Lease No. <b>OG-1402-1</b>	
Unit Letter <b>0</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>1980</b>
Line of Section <b>9</b>		Township <b>11S</b>	Range <b>33E</b>
		, NMPM, <b>Lea</b> County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Pan American Petroleum Corp. - Trucks</b>		
		<b>P.O. Box 1725; Midland, Texas</b>	
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)		
		<b>Warren Petroleum Corp.</b>	
		<b>725 Gulf Bldg.; Midland, Texas</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>9</b>	Twp. <b>11S</b>
		Rge. <b>33E</b>	Is gas actually connected? <b>No</b>
			When <b>Soon as possible</b>

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

V. COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		<b>X</b>		<b>X</b>							
Date Spudded <b>5-11-67</b>	Date Compl. Ready to Prod. <b>6-19-67</b>	Total Depth <b>10,300'</b>		P.B.T.D. <b>10,282'</b>							
Elevations (DF, RKB, RT, GR, etc.) <b>4281' Gr.</b>	Name of Producing Formation <b>Lower Penn</b>	Top Oil/Gas Pay <b>10,088'</b>		Tubing Depth <b>10,157'</b>							
Perforations <b>14" w/2 JHFF</b> <b>10127-29'; 10153-55'; 10160-64'; 10176-78'; 10221-23'; 10241-43'</b>		Depth Casing Shoe <b>10,300'</b>									
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT						
<b>17 1/2"</b>	<b>13 3/8" OD</b>		<b>378'</b>		<b>325 Sx - Circulated</b>						
<b>11"</b>	<b>8 5/8" OD</b>		<b>3800'</b>		<b>500 Sx-Top @ 2100' (TS)</b>						
<b>7 7/8"</b>	<b>5 1/2" OD</b>		<b>10300'</b>		<b>800 Sx-Top @ 5770' (TS)</b>						

V. 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 <b>6-23-67</b>	Date of Test <b>6-29-67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>125 psig</b>	Casing Pressure <b>Packer</b>	Choke Size <b>30/64"</b>
Actual Prod. During Test <b>247 BF</b>	Oil - Bbls. <b>157</b>	Water - Bbls. <b>90</b>	Gas - MCF <b>701</b>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
		BY _____	
		TITLE _____	
J. L. McBill (Signature) <b>Petroleum Engineer</b> (Title) <b>6-30-67</b> (Date)		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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	