

# Gulf Oil Corporation

Address

Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (check proper box)

New Well ☐  
 Recombination ☐  
 Change in Ownership ☐

Change in Transporter of:  
 Oil ☐  
 Gas Inhead Gas ☐

Dry Gas ☐  
 Condensate ☐

Other (Please explain)

To show correct gas transporter

If change of ownership give name and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lea "AV" State</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Gladiola Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-11589</b>
Location Unit Letter <b>E</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>19</b> Township <b>12-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Amoco Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>3411 Knoxville, Lubbock, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74110</b>
If well produces oil or liquids, give location of tanks. Unit <b>D</b> Sec. <b>19</b> Twp. <b>12-S</b> Rge. <b>38-E</b>	Is it actually connected? <b>Yes</b> When <b>Unknown</b>

If this production is commingled with that from any other lease or pool give commingling order number: **PC-106**

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
Elevations (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 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water Bbls.	Gas - MCF

## 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

## 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.

## OIL CONSERVATION COMMISSION

APPROVED **SEP 30 1971**  
 BY **J. G. [Signature]**  
 TITLE **SUPERVISOR DISTRICT 1**