

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	PROMOTION OFFICE			
	Operator <b>Gil-Mc Oil Corporation</b>			

Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

☐ New Well      Change in Transporter of:      ☐ Dry Gas  
☐ Recompletion      Oil      ☐ Condensate  
☐ Change in Ownership      Casinghead Gas      ☐

**To cover estimated 182 bbls oil to be recovered in July from SWD System**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>New Mexico "85"</b>		Well No. <b>1</b>	Pool Name, Including Formation <b>Tres Papalotes</b>		Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LC-1012</b>
Location						
Unit Letter <b>J</b>	<b>1830</b>	Feet From The <b>South</b>		Line and <b>1980</b>	Feet From The <b>East</b>	
Line of Section <b>28</b>	Township <b>14S</b>	Range <b>34E</b>	<b>Lea</b>		County	

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>					Address (Give address to which approved copy of this form is to be sent) <b>Box 1183, Houston, TX 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					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 <b>3</b>	Sec. <b>28</b>	Twp. <b>14S</b>	Rge. <b>34E</b>	Is gas actually connected? <b>No</b>	When

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

#### IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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

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)

OIL WELL			
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

GAS WELL			
Actual Pres. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Coating Pressure (shut-in)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY: DONNA HOLLEN

(Signature)

**(Title)  
Agent**

8/21/80

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_ Only Signed By \_\_\_\_\_

BY Jerry Sexton

TITLE Dis. 1, 11/17/75

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.