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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gil-Mc Oil Corporation

Address

c/o Oil Reportss & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

To cover estimated 163 bbls oil to be recovered in October from SWD System

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "85"	Well No. 1	Pool Name, including Formation Tres Papalotes	Kind of Lease State, Federal or Fee State	Lease No. LG-1012
Location Unit Letter J ; 1830 Feet From The South Line and 1980 Feet From The East Line of Section 23 Township 14 S Range 34 E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 J	Sec. 28
	Twp. 14S	Rge. 34E
	Is gas actually connected? No 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 ☐ Same Hole, Oil, Re-drill	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.
Completion (DP, RKE, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth
Perforations				Depth (Feet) Shot

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 lead oil and must be equal to or exceed top oil test taken on the well in accordance with RULE 111.)

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 (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Agent

(Title)

10/16/79

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY **Orig. Signed by**
Jerry Sexton

TITLE **Dist. 1 - app.**

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.