

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
USE OF	
LAND OFFICE	
TRANSPORTATION	
OIL	
NATURAL GAS	
OPERATOR	
REGISTRATION OFFICE	

Gil-Mc Oil Corporation

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

To cover estimated 164 bbls oil to be
be recovered in June from SWD system.

If change of ownership give name
and address of previous owner

II. 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 This South Line and 1980 Feet From The East Line of Section 28 To Township 14S Range 34E , NMPM, Lea County				

III. 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, TX 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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Full Flow
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Fin. T.D.			
Elevations (DF, KKB, 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 lead oil and must be equal to or exceed top oil able 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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing 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.

R.G. SIGNED BY: DONNA HOLLE

(Signature)

Agent

(Title)

6/18/79

(Date)

OIL CONSERVATION DIVISION

APPROVED: JUN 19 1979, 19

BY: Orig. Sign. by
Les Clements
Oil & Gas Insp.

TITLE
This form is to be filed in compliance with RULE 10.1.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviating tests taken on the well in accordance with RULE 11.1.
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 transportation or other such change of condition. Repairs, Plugs, Cased must be filled for each pool in multiple completions.

RECEIVED

JUN 18 1973

U.S. CONSERVATION COMM.
WASH. D.C.