

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator <u>Gulf Oil Corp.</u>	
Address <u>P.O. Box 670, Hobbs, NM 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<u>New Well</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

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

## DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lea "VF" State</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>hundreds Permian Upper Permian</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>16-322</u>
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>16</u> Township <u>14S</u> Range <u>33E</u> , NMPM, <u>Lea</u>	County			

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Jexas New Mexico Pipeline</u>	<u>Box 1510, Midland, TX 79701</u>
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)
<u>Warren Petroleum</u>	<u>Box 1589, Tulsa, OK 74100</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> When
Unit <u>K</u> Sec. <u>16</u> Twp. <u>14S</u> Rge. <u>33E</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. Re: <input type="checkbox"/>
Date Spudded <u>10-23-83</u>	Date Compl. Ready to Prod. <u>12-12-83</u>	Total Depth <u>10,075'</u>		P.B.T.D. <u>9980'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>4221' GL</u>	Name of Producing Formation <u>Permian Penn.</u>	Top Oil/Gas Bay <u>9828'</u>		Tubing Depth <u>9760'</u>				
Perforations <u>10,021'-10,031' (plgd) 9828'-9948'</u>				Depth Casing Shoe <u>-</u>				

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>440'</u>	<u>500</u>
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>4214'</u>	<u>1525</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>10,074'</u>	<u>1471</u>

## 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 <u>12-12-83</u>	Date of Test <u>12-12-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>325#</u>	Casing Pressure <u>-</u>	Choke Size <u>32/64</u>
Actual Prod. During Test <u>518</u>	Oil-Bbls. <u>341</u>	Water-Bbls. <u>177</u>	Gas-MCF <u>675</u>

## GAS WELL

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

## I. 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.

QD Rite  
(Signature)  
AREA ENGINEER  
(Title)  
12-16-83  
(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 19 1983, 19  
BY ORIGINAL SIGNED BY EDDIE SEAT  
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of 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.

RECEIVED  
DEC 16 1983  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

WELL NAME AND NUMBER

2° a "VF" State # 3

LOCATION

1980' FW ± SL Section 16, T14S, R33E Lea County, NM

OPERATOR

Gulf Oil Corporation

DRILLING CONTRACTOR

Gulf Oil Corporation Rig # 4

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth

1/2° @ 259'1° @ 417'1/4° @ 729'1/2° @ 1346'1 1/4° @ 1657'1° @ 2056'2° @ 2546'1 1/4° @ 2700'1 1/4° @ 3008'1/2° @ 3500'3/4° @ 3871'1/4° @ 4215'1° @ 4446'1/4° @ 4939'1 1/4° @ 5432'

Degrees @ Depth

1 1/4° @ 5710'1 1/4° @ 6200'1° @ 6700'3/4° @ 7196'1 1/4° @ 7696'1 1/2° @ 8225'2 1/2° @ 8505'3° @ 8783'3° @ 9000'2 1/4° @ 9248'1 3/4° @ 9495'1° @ 9865'1/2° @ 10,029'

Degrees @ Depth

Drilling Contractor

Gulf Oil Corporation

BY:

Paul H. Bullock Jr.

Subscribed and sworn to before me this

2nd

day of

December, 1988

My Commission Expires:

March 19, 1987

Notary Public

Lea County New MexicoMy Commission Expires 3-19-87

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DEC 16 1983  
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