

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Gulf Oil Corporation		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>4/7/83</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address P. O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) New Well
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL

DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

## DESCRIPTION OF WELL AND LEASE

Lease Name Lea "20" State	Well No. 1	Pool Name, Including Formation Maljamar Grayburg S-A	Kind of Lease State, Federal or Fed State	Lease No. 5-15973
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>16S</u> Range <u>32E</u> , NMPM, Lea County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	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 N	Sec. 35
	Twp. 16S	Rge. 32E
	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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 11-19-82	Date Compl. Ready to Prod. 2-7-83	Total Depth 4550'	P.B.T.D. 4504'					
Elevations (DF, RAB, RT, GR, etc.) 4264' GL	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 4024'	Tubing Depth 4340'					
Perforations 4024'-4386'	Depth Casing Shoe --							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 416'	SACKS CEMENT 300
7-7/8"	5 1/2"	4547'	850

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 2-7-83	Date of Test 2-17-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size --
Actual Prod. During Test 20	Oil - Bbls. 10	Water - Bbls. 10	Gas - MCF 25

## 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

## 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)

Area Engineer

(Title)

2-21-83

(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 23 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

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 allow  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne  
r, well name or number, or transporter, or other such change of conditio  
n.Separate Forms C-104 must be filed for each pool in multipl  
e completed wells.

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FEB 22 1983  
O.C.D.  
HOBBS OFFICE