IVED	1		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
	OIL GAS	OIL GAS	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 116

	FILE	- KEQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TE	AND RANSPORT OIL AND NATUR			
	LAND OFFICE	5-NIOCC	AL GAS			
	TRANSPORTER OIL	l-Midland				
	OPERATOR GAS	1-W.L. Boone-Housto	n			
	PRORATION OFFICE	l-File				
I.	Operator			<u> </u>		
	GUTTY OIL COMPANY					
	Address					
	P.O. BOX 249, HOBBS, NEW MEXICO 88240					
	Reason(s) for filing (Check proper bos	•	Other (Please explain)		
	Recompletion	Change in Transporter of:	Request One A	llowable for H.D. McKinley		
	Change in Ownership	Oil Dry C		Well NO. 11 producing on		
		Casinghead Gas Cond	ensate The Same Pror	action unit.		
	If change of cwnership give name and address of previous owner.					
11.	DESCRIPTION OF WELL AND	LEASE				
	II. D. McKinley	Well No. Pool Name, Including 5 Hobbs Graybur		Lease No.		
	Location	5 Hobbs Graybur	g San Andres State, F	ederal or Fee Fee		
	Unit Letter A : 330	Feet From The North Li	330 San	Fact		
	Olin Letter	Feet From The	ne andFeet ?	From TheEast		
	Line of Section 30 To	waship 18-S Range	38-E , NMPM,	Lea		
				County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS			
				approved copy of this form is to be sent)		
	Shell Pipe Line Corpora Name of Authorized Transporter of Car		P.O. Box 1598, Hobbs,	New Mexico 83240		
	Phillips Petroleum Comr			approved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	P.O. Box 6666, Odess Is gas actually connected?	When		
	give location of tanks.	G 30 18-S 38-E	Yes	1		
	If this production is commingled wi		give commingling order number	DC-394		
IV.	COMPLETION DATA					
	Designate Type of Completic	on - (X)	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
		Jan Joseph Moday to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Carrier Copin		
	Perforations			Depth Casing Shoe		
	HOLE SIZE		D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
į			1			
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow					
ī	Oli, WELL, able for this depth or be for full 24 hours)					
	9-12-72	9-13-72	Producing Method (Flow, pump, go	se lift, etc.)		
ŀ	Length of Test	Tubing Pressure	PUNP Casing Pressure	Choke Size		
	24 Hours	100	400	===		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbla.	Gas-MCF		
	56	50	6	91		
٦	Actual Prod. Test-MCF/D Length of Test Bbls. Condensate AA/CF					
ĺ	ACIDAL FIEL FOR PACE A	Length of lest	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		(0.22)	, , , , , , , , , , , , , , , , , , , ,	Chore Size		
VI. (CERTIFICATE OF COMPLIANC	E	OII CONSES	EVATION COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the beat of my knowledge and heliof.			4		
1			APPROVED SEP 18 1977, 19 BY WES			
	•			SUM DISTRICT I		
	Original Signed By		TITLE SUPERVI	SON DISTRICT I		
	C. L. Wade (Signature) AREA SUPERINTENDENT (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 deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
-						
	SEPTEMBER 14, 1972	-	sble 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.			
-	(Date	•)				
	HES/bh	·		to the second se		

RECEIVED

OIL CONSERVATION COMM.