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FILE			
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		
THANS ON EX	GAS		
OPERATOR			
PROPATION OFFICE			

TEW MEXICO OIL CONSERVATION COMMISSI REQUEST FOR ALLOWABLE

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1.	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROPATION OFFICE	AL GAS					
	Operator CILLE OTT CODDODATION						
	GULF OIL CORPORATION Address						
	P.O. Box 670, Hobbs, Reason(s) for filing (Check proper band) New Well Recompletion Change in Ownership	Change in Transporter of:	Gas to commingle E & Hobbs Drinka	Request temporary permissiowers prod w/Hobbs Blinebrord prod from Grimes (NCT-Bers & Hobbs Blinebry prod			
	If change of ownership give name and address of previous owner		from Grimes (N PC-484	CT-A) lease under Order			
11	DESCRIPTION OF WELL AND	1 DACE					
	Lease Name	Well No. Pool Name, Including					
· - ·	W. D. Grimes (NCT-B)	6 Bowers	State, Fe	deral or Fee Fee			
	Unit Letter T : 19	80 Feet From The South L	ine and 960 Feet Fr	om The <u>East</u>			
	Line of Section 33 To	wnship 185 Range	38E , NMPM,	Lea County			
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS				
	Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)			
	Shell Pipeline Corpor	ation stnghead Gas 👔 or Dry Gas 🗔	P.O. Box 1910, Midla Address (Give address to which ap	nd, TX 79701 proved copy of this form is to be sent)			
	Phillips Petroleum Co		Phillips Building, C				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. F 32 18S 38E	Is gas actually connected? Yes	When Unknown			
		th that from any other lease or pool	· · · · · · · · · · · · · · · · · · ·	PC-484			
17.	Designate Type of Completi	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, 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 F	OR ALLOWABLE (Test must be c		oil and must be equal to or exceed top allow-			
i	OII, WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)			
	I all all Trush	Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Cdaing Pleasure	Choke Size			
1	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF			
ţ	<u> </u>			<u></u>			
ſ	GAS WELL Actual Prog. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI. CERTIFICATE OF COMPLIANCE		CE .	I CC	ATION COMMISSION			
(I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	Signed by			
above is true and complete to the bost of my knowledge and belief.			Jerry Sexton				
		1	TITLE Dist 1, Supv.				
Area Engineer (Title) 2-4-80			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendituell, this form must be accompanied by a tabulation of the deviation teste taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new a 3 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.				
						Separate Forms C-104 mi	nat be filed for each pool in multiply

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O.C.D. HOBBS, OFFICE