

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. Operator
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) Other (Please explain)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
CASINGHEAD GAS MUST NOT BE FLARED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A"	Well No. 2	Pool Name, Including Formation Undesignated Eumont R-6169	Kind of Lease State, Federal or Fee State	Lease No. B-2657
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 36 Township 18S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, N M 88240			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	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 A	Sec. 36	Twp. 18S	Rge. 36E
				Is gas actually connected? No

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	Same Well, Diff. Per
Date Spudded Re-entered 10/13/78	Date Compl. Ready to Prod. 5/4/79	Total Depth 7691	F.B.T.D. 4900				
Elevations (DF, RKB, RT, GR, etc.) 3757 DF	Name of Producing Formation Queen	Top Oil/Gas Pay 3772	Tubing Depth 3800				
Perforations Open Hole	Depth Casing Shoe 3150						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
13 3/4	10 3/4	368	375				
9 7/8	7 5/8	3150	150				
6 3/4	4 1/2	4600-7642	230				
	2 3/8	3800					

V. 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)

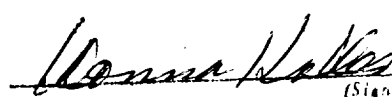
Date First New Oil Run To Tanks 4/3/79	Date of Test 7/5/79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 25#	Choke Size --
Actual Prod. During Test 46 bbls fluid	Oil-Bbls. 8	Water-Bbls. 38	Gas-MCF 5

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.


(Signature)

Agent

(Date)

7/10/79

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE **SUPERVISOR DISTRICT**

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 deviate tests taken on the well in accordance with RULE 1111.

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 transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.