

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION FORM

Form C-102
 Supersedes C-128
 Effective 1-1-65

All distances must be from the outer boundaries of the Section.

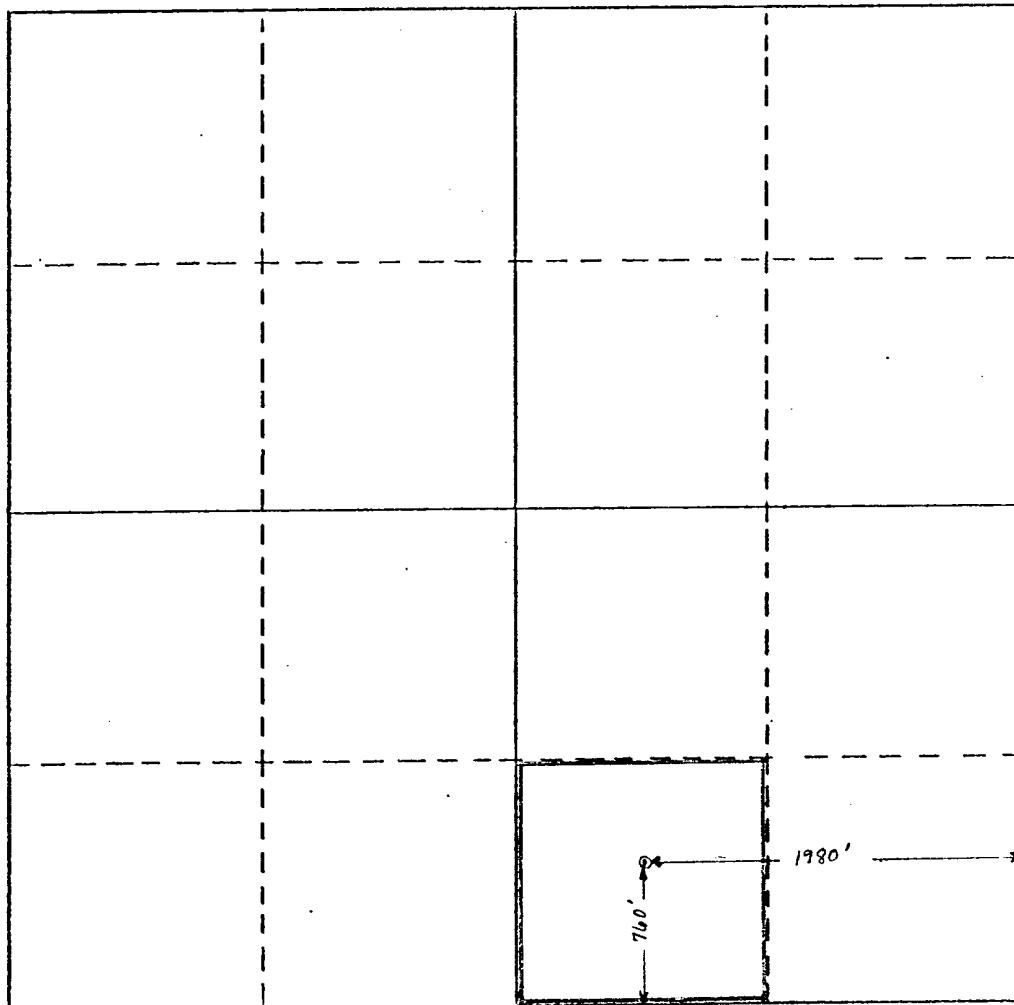
Operator GULF OIL CORPORATION			Lease Lea "YH" State		Well No. 1
Unit Letter 0	Section 25	Township 18 South	Range 34 East	County Lea	
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between; align-items: center;"> 760 feet from the South line and 1980 feet from the East line </div>					
Ground Level Elev. 3948.5	Producing Formation Bone Springs		Pool Undesignated Bone Springs		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

N. P. Sikes, Jr.

Name

N. P. Sikes

Position

Area Engineer

Company

Gulf Oil Corp.

Date

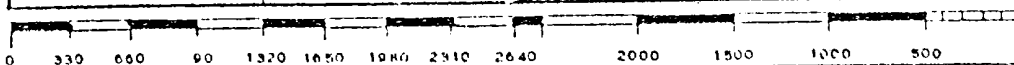
6-26-79

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.



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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

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

If change of ownership give name
and address of previous owner

CASINGHEAD GAS MUST NOT BE
USED AFTER 5-26-79
UNLESS AN EXCEPTION TO R-4078
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "YH" State	Well No. 1	Pool Name, including Formation Undes. Bone Springs	Kind of Lease State, Federal or Fee	Lease No. LG-5543
Location Unit Letter 0 : 760 Feet From The South Line and 1980 Feet From The East Line of Section 25 Township 18-S Range 34-E, NMPM, Lea County				

III. 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)					
The Permian Corporation	Box 3119 Midland, Tx 79701					
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)					
Warren Petroleum Co.	Box 1197 Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 25	Twp. 18S	Rge. 34E	Is gas actually connected? No	When

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 <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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 1-12-79	Date Compl. Ready to Prod. 3-26-79	Total Depth 10,770'	P.B.T.D. 10,465
Elevations (DF, RAB, RT, GR, etc., 3949' GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9329'	Tubing Depth 9267'
Perforations 9329-31'; 9339-41'; 9351-53'; 9364-66'; 9373-75'; 9381-83'; 9390-92'			Depth Casing Shoe ---
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4" - 42#	288'	450 sx - Cir
11"	8-5/8" - 28#	3897'	1050 sx - Cir
	2-3/8" - 4.70#	9267'	

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 3-26-79	Date of Test 3-26-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 1000#	Casing Pressure -0-	Choke Size 10/64"
Actual Prod. During Test 408	Oil - Bbls. 408	Water - Bbls. trace	Gas - MCF 648

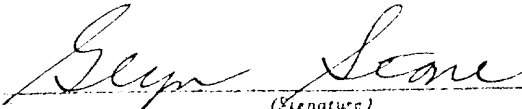
GAS WELL

Corr Gvty - 39.6° API

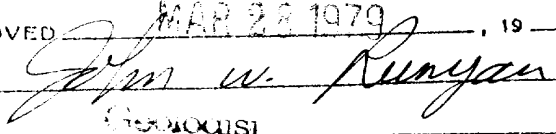
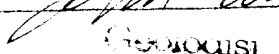
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Area Gas Engineer
(Title)
3-27-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 1979
BY
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 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.