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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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-110
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:	New well
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-1-79 UNLESS AN EXCEPTION TO 2-400 IS OBTAINED.
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **THIS WELL HAS BEEN PLACED IN THE PUBLIC DESIGNATED BELOW IF YOU DO NOT CONCUR NOTIFY THIS OFFICE**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "30" State	Well No. 1	Pool Name, including Formation Airstrip-Wolfcamp R-6169	Kind of Lease State, Federal or Fee State	Lease No. L-2493
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 30 Township 18S Range 35E , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa OK 74100	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 30
	Twp. 18S	Rge. 35E
	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 2-18-79	Date Compl. Ready to Prod. 3-25-79		Total Depth 10,800'		P.B.T.D. 10,516'			
Elevations (DF, R&B, RT, GR, etc.) 3954' GL (corrected)	Name of Producing Formation Airstrip-Wolfcamp		Top Oil/Gas Pay 10,479'		Tubing Depth 10,512'			
Perforations 10,479'-10,504'					Depth Casing Shoe ---			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4" - 42#		300'		450 sx circulated			
11"	8-5/8" - 24#		3980'		1100 sx circulated			
7-7/8"	5 1/2" - 17# & 15.5#		10,800'		800 sx TSITC @ 7400'			
	2-7/8"		10,512'					

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-25-79	Date of Test 5-31-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 25#	Casing Pressure 25#	Choke Size 2" wo
Actual Prod. During Test 202	Oil-Bbls. 155	Water-Bbls. 47	Gas-MCF 126

GAS WELL

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.

N. S. Sikes, Jr.
(Signature)
Area Engineer
(Title)
6-8-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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.

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JUN 8 1979
OIL CONSERVATION COMM.
HOBBS, N. M.