

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

Form O-104
Supersedes Old O-104 and O-11
Effective 1-1-65

DISTRIBUTION		
STATE FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Gulf Oil Corp.
Address P.O. Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Add Change in Transporter of: Gas Connected
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Lease Name Lea "ACF" State Well No. 1 Pool Name, Including Formation Artisan's Junction Bone Springs Kind of Lease State, Federal or Fee Lease No. LH2337
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East
Line of Section 35 Township 18S Range 36E NMPN, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corp. 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 ☒ or Dry Gas ☐ Warren Petroleum 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 A Soc. 35 Twp. 18S Rge. 36E Is gas actually connected? Yes When 5-15-85

this production is commingled with that from any other lease or pool, give commingling order number: _____
COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Restv. ☐ Full Restv. ☐
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.D.T.D. _____
Elevations (DF, RKB, RT, CR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE H. WELL. (Test must be after recovery of total volume of land 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 _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

AS WELL,
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (flow, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
R.D. Pate
(Signature)
AREA ENGINEER
(Title)
5-22-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUL 2 2 1985, 19____
BY _____
TITLE _____
This form is to be filed in compliance with RULE 1104.
If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the completion 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 re-completed 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.