

CORRECTED REPORT

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

JUN 15 1 10 PM '66
DUPLICATE

Operator MINERALS, INC.	
Address P. O. BOX 2215, HOBBS, NEW MEXICO	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name GULF STATE	Well No. 3	Pool Name, including Formation PEARL-QUEEN	Kind of Lease State, Federal or Fee STATE	Lease No. E 3143
Location				
Unit Letter D	660	Feet From The NORTH Line and 660	Feet From The WEST	
Line of Section 36	Township 19 S	Range 34 E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1545, ROSWELL, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36
	Twp. 19 S	Rge. 34 E
	Is gas actually connected? Yes	
	When MAY 16, 1966	

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 Res'v.	Diff. Res'v.
Date Spudded APRIL 8, 1966	Date Compl. Ready to Prod. MAY 15, 1966		Total Depth 5138		P.B.T.D. 5111			
Elevations (DF, RKB, RT, GR, etc.) 3725 KB	Name of Producing Formation QUEEN		Top Oil/Gas Pay 4625		Tubing Depth 5066			
Perforations One hole each @ 4763, 4765, 4885, 4889, 4943, 4951, 4953.			4992, 4994, 4996		Depth Casing Shoe 5137			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		245		125			
7 7/8	4 1/2		5137		268			
2	2		5066					

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 MAY 16, 1966	Date of Test MAY 27, 1966	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HOURS	Tubing Pressure PUMP	Casing Pressure PUMP	Choke Size 2 INCH
Actual Prod. During Test	Oil - Bbls. 57	Water - Bbls. 6	Gas - MCF 52

GAS WELL

Actual Prod. Test-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

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.

MINERALS, INC.**R. A. Montgomery**
(Signature)**PRESIDENT**

(Title)

MAY 31, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 17 1966**, 19BY **ORIGINAL FILE COPIES**SIGNED BY: **ENGINEER DISTRICT NO. 1**TITLE **ENGINEER DISTRICT NO. 1**

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

I HEREBY CERTIFY THAT THE FOLLOWING DEVIATION SURVEYS
WERE REPORTED AT THE DEPTHS AND RESULTS AS INDICATED:

<u>DEPTH</u>	<u>DEVIATION</u>
198	1/4°
255	1/4°
1234	3/4°
1943	1/2°
2403	3/4°
2744	1 3/4°
950	2 3/4°
3195	3°
3624	3 1/4°
3950	2 1/2°
4099	2 1/4°
4258	1 3/4°
4418	1 1/2°
4592	1 1/2°
4779	1 1/2°
5021	1 1/4°
5146	1 1/2°

I HEREBY CERTIFY THAT THESE WERE TAKEN FROM THE
SURVEY ACTUALLY CONDUCTED.

R. F. Montgomery

STATE OF NEW MEXICO |
COUNTY OF LEA | SS

On the 13th day of June 1966, before me personally
appeared R. F. Montgomery the signor of the above
instrument, who duly acknowledged to me that he
executed the same.

Edward J. Ryan
Notary Public in and for
Lea County, New Mexico