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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION 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

I.

| | |
|--|---|
| Operator Gulf Oil Corporation | |
| Address Box 670, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> |
| 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) New Well | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|----------------------------|
| Lease Name Lea "NW" State | Well No. 1 | Pool Name, Including Formation Scharb Bone Springs | Kind of Lease State, Federal or Fee State | Lease No. K-2875 |
| Location | | | | |
| Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East | | | | |
| Line of Section 12 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 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, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None - Gas is vented | 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 I | Sec. 12 | Twp. 19-S | Rge. 34-E | 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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 2-1-69 | Date Compl. Ready to Prod. 3-5-69 | | Total Depth 10,290' | | P.B.T.D. 10,256' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3945' GI | Name of Producing Formation Bone Springs | | Top Oil/Gas Pay 10,222' | | Tubing Depth 10,230' | | | |
| Perforations 10,222' to 10,232' | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 406' | | 360 sacks (Circulated) | | | |
| 11" | 8-5/8" | | 3999' | | 500 sacks | | | |
| 7-7/8" | 5-1/2" | | 10,289' | | 150 sacks (TOC @ 9375') | | | |
| | 2-3/8" & 2-7/8" | | 10,230' | | | | | |

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 3-5-69 | Date of Test 3-13-69 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure -- | Casing Pressure -- | Choke Size 2" |
| Actual Prod. During Test 150 barrels | Oil - Bbls. 100 | Water - Bbls. 50 (Load water) | Gas - MCF -- |

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.

ORIGINAL SIGNED BY
C. D. BORLAND

(Signature)

Area Production Manager

(Title)

March 14, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

Oil & Gas Inspector

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.