

WELL NAME AND NUMBER Rit State No. 2

LOCATION 1980' FNL 660' FEL Section 21-17S-34E, Lea County, New Mexico
(New Mexico give U,S,T & R; Texas give S,Blk.,Sur.& Twp.when required)

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR McVAY DRILLING COMPANY

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
<u>1/4° 450'</u>	<u>1° 6885'</u>	<u> </u>	<u> </u>
<u>1/2 899</u>	<u>1 7400</u>	<u> </u>	<u> </u>
<u>3/4 1100</u>	<u>1/2 7805</u>	<u> </u>	<u> </u>
<u>1/4 1620</u>	<u>1/4 8115</u>	<u> </u>	<u> </u>
<u>3/4 2118</u>	<u>3/4 8575</u>	<u> </u>	<u> </u>
<u>1/2 2775</u>	<u>3/4 8720</u>	<u> </u>	<u> </u>
<u>1/4 3066</u>	<u>1/2 8950</u>	<u> </u>	<u> </u>
<u>3/4 3672</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/4 4115</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/4 4588</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/4 4825</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 5116</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 1/2 5918</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 1/4 6450</u>	<u> </u>	<u> </u>	<u> </u>

Drilling Contractor McVAY DRILLING COMPANY

By Jim McVay

Subscribed and sworn to before me this 1 day of March, 1974

My Commission Expires:

2-27-74

Marshall Allen
Notary Public
Lea County, N.M.

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**OIL CONSERVATION COMM.
HOBBS, N. M.**

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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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/1/72
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

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

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Ritts=State	2	Unit North Vaccum Abo	State, Federal or Fee State	B-3385
Location				
Unit Letter <u>H</u> ; <u>2080</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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)			
Mobil Oil Corporation - Trucks	Box 900, Dallas, Texas 75221			
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)			
None - Gas is vented, waiting on tank battery construction.				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	H	21	17-S	34-E
	Is gas actually connected? <u>No</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-27-72	2-27-72		8960'		8907'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4058' GL	Abo		8853'		8800'			
Perforations					Depth Casing Shoe			
8853'to 8881'					8960'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		31'		1 yard of ready mix.			
12-1/4"	8-5/8"		1623'		820 sacks (Circulated)			
7-7/8"	5-1/2"		8960'		1000 sacks (ROC at 2800')			
	2-3/8"		8800'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-27-72	2-29-72	Swabbed and flowed	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	--	--	14/64" - 2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
220 barrels	118	102 (Load water)	--

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.

G. J. Kellenger
(Signature)

Area Engineer
(Title)

March 2, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 6 1972, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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 allow-
able 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

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