

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|--|
| NO. OF COPIES REQUIRED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.D.C. | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| GAS | |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Casinghead Gas Must Not Be
Flared After 7/5/82
Unless An Exception To R-4070
Is Obtained.

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"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Need Testing Allowable

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|-----------------------------|-----------------------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Lea "TZ" State | 1 | Scharb Bone Springs | State, Federal or Fee State | LG 1630 |
| Location | | | | |
| Unit Letter | C | 660 Feet From The | North | Line and 1980 Feet From The |
| Line of Section | 16 | Township | 19S | Range 35E, NMPM, Lea |

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) | |
| Getty Trading & Transportation | Box 1142, Midland, TX 79701 | |
| 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 | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | C | 16 |
| | | Twp. |
| | | 19S |
| | | Rge. |
| | | 35E |
| Is gas actually connected? | When | |
| No | | |

If 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 | Same Hst'y. | Diff. Re- |
| XX | XX | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 3-12-83 | 4-8-83 | 9900' | 9708' | | | | | |
| Elevations (DF, R&B, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3812' GL | Bone Springs | 9694' | 9581' | | | | | |
| Perforations | 9770-71', 9687-9703' (cemented) | | 9694-98' | | Depth Casing Shoe | | | |
| --- | | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17 1/2" | 13-3/8" | 449' | 450 SX |
| 12 1/2" | 9-5/8" | 4200' | 1195 SX |
| 7-7/8" | 5 1/2" | 9900' | 350 SX |

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.) | |
| 5-5-83 | 5-8-83 | Flow | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs | 0# | 250# | --- |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| 87 | 67 | 20 | TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (prior, 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Area Engineer

(Title)

5-10-83

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 12 1983

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi
completed wells.