

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR <i>Gulf Oil Corporation</i>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <i>12/23/83</i> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
ADDRESS <i>P.O. Box 670, Hobbs, NM 88240</i>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<i>New Well</i>	
Recompletion <input type="checkbox"/>			
Change in Ownership <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.

DESCRIPTION OF WELL AND LEASE		R-1372 11-1-83	
Lease Name <i>Lea "TZ" State</i>	Well No. <i>2</i>	Pool Name, Including Formation <i>Scharb Bone Springs</i>	Kind of Lease State, Federal or Fee <i>State</i>
Location Unit Letter <i>B</i> : <i>460</i> Feet From The <i>North</i> Line and <i>1980</i> Feet From The <i>East</i>	Line of Section <i>16</i>	Township <i>19S</i>	Range <i>35E</i> , NMPN, <i>Lea</i> Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Warren Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1589, Tulsa, OK 74100</i>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1589, Tulsa, OK 74100</i>
If well produces oil or liquids, give location of tanks.	Unit <i>C</i> Sec. <i>16</i> Twp. <i>19S</i> Rge. <i>35E</i> Is gas actually connected? <i>No</i>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		TUBING, CASING, AND CEMENTING RECORD	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded <i>5-30-83</i>	Date Compl. Ready to Prod. <i>8-23-83</i>	Total Depth <i>9795'</i>	P.B.T.D. <i>9725'</i>
Elevations (DF, RKB, RT, GR, etc.) <i>3803' GL</i>	Name of Producing Formation <i>Bone Springs</i>	Top Oil/Gas Pay <i>9620'</i>	Tubing Depth <i>9520'</i>
Perforations <i>9620'-9776'</i>			Depth Casing Shoe <i>-</i>
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET
<i>17 1/2"</i>	<i>13 3/8"</i>	<i>470'</i>	<i>450.24</i>
<i>12 1/4"</i>	<i>9 5/8"</i>	<i>4215'</i>	<i>1450.24</i>
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>9795'</i>	<i>385.24</i>

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>8-23-83</i>	Date of Test <i>8-24-83</i>	Producing Method (Flow, pump, gas lift, etc.) <i>flow</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>110 #</i>	Casing Pressure <i>-</i>	Choke Size <i>1"</i>
Actual Prod. During Test <i>452</i>	Oil-Bbls. <i>446</i>	Water-Bbls. <i>6</i>	Gas-MCF <i>278</i>

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, 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.

*R.D. Pate*  
(Signature)  
**AREA ENGINEER**  
(Title)  
*8-24-83*  
(Date)

OIL CONSERVATION DIVISION  
**AUG 25 1983**  
APPROVED  
ORIGINAL SIGNED BY EDDIE SEAY  
BY  
**OIL & GAS INSPECTOR**  
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 wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED  
AUG 25 1983  
G.C.D.  
HOBBS OFFICE

WELL NAME AND NUMBER LES 12 GULF #2

LOCATION 460' ENL & 1980" FWL Sec16,T19S,R35E

OPERATOR Gulf

DRILLING CONTRACTOR Gulf Rig 4

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:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>Misrun @ 160'</u>	<u>1 1/4° @ 3765'</u>	<u>                    </u>
<u>1° @ 215'</u>	<u>1 1/4° @ 4012'</u>	<u>                    </u>
<u>1/4° @ 470'</u>	<u>1° @ 4215'</u>	<u>                    </u>
<u>1° @ 822'</u>	<u>1/4° @ 4440'</u>	<u>                    </u>
<u>1/4° @ 1184'</u>	<u>1/2° @ 4717'</u>	<u>                    </u>
<u>3/4° @ 1568'</u>	<u>1/2° @ 5242'</u>	<u>                    </u>
<u>1° @ 1910'</u>	<u>1/2° @ 5865'</u>	<u>                    </u>
<u>1/2° @ 2247'</u>	<u>3/4° @ 6850'</u>	<u>                    </u>
<u>1° @ 2731'</u>	<u>3/4° @ 7802'</u>	<u>                    </u>
<u>3° @ 3115'</u>	<u>2 1/4° @ 8823'</u>	<u>                    </u>
<u>3° @ 3240'</u>	<u>3° @ 9214'</u>	<u>                    </u>
<u>3° @ 3333'</u>	<u>2° @ 9465'</u>	<u>                    </u>
<u>2° @ 3426'</u>	<u>2 3/4° @ 9795' TD</u>	<u>                    </u>
<u>Misrun @ 3515'</u>	<u>                    </u>	<u>                    </u>
<u>2° @ 3550</u>	<u>                    </u>	<u>                    </u>

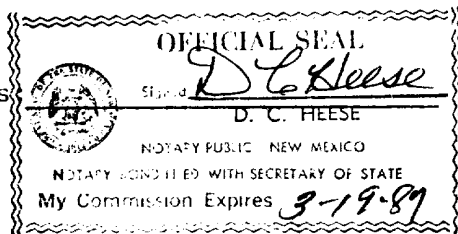
Drilling Contractor Gulf Oil Corp.

BY: D. C. Heese

Subscribed and sworn to before me this 25<sup>th</sup> day of August, 19 83

D. C. Heese  
Notary Public

My Commission Expires



Lea County New Mexico

RECEIVED  
AUG 25 1983  
O.C.D.  
HOBBS OFFICE