NO. OF COPIES RECE	IVED		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR		I	

-	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
ļ	U.S.G.S.	AUTHODIZATION TO TOA	- ANÐ NSPORT OIL AND NATURAL G	AC	
}	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	A3	
t	OIL				
-	TRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	Operator - C				
	Gulf Oil Corporation				
	Box 670, Hobbs, New Mex	rica 882110			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	New Well		
	Recompletion	Oil Dry Gas		3/26/16	
	Change in Ownership	Casinghead Gas Conden	10 614	अंत्रे अध्यक्षित्र विशेष्ट्र सम्बद्ध	
,	If change of apparehin give name		IS OBTA	18.19.25.13.4	
	If change of ownership give name and address of previous owner		Committee of the second		
		BASE HOLLY THIS OFFICE.	FOR THE CONCUR		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		Lease No.	
			ea Bone Springs State, Federa	or Fee State E-1587	
	Lea "TH" State	1 GHOODIGHA COO 2	00	1	
) Feet From The South Line	e and 1980 Feet From 7	rhe West	
	Unit Letter K : 1980	Peer From Fine			
	Line of Section 30 Tow	nship 19-S Range	35-E , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approx	and conv of this form is to be sent!	
	Name of Authorized Transporter of Oil			1	
	The Permian Corporation Name of Authorized Transporter of Case		Box 3119, Midland, Text Address (Give address to which approx	as 79701 ved copy of this form is to be sent)	
			t	,	
	None - Gas 13 Vented, 1	waiting on tank battery Unit Sec. Twp. Ege.	construction Is gas actually connected? Who	en	
	If well produces oil or liquids, give location of tanks.	K 30 19-S 35-E	No		
	If this production is commingled wit	<u></u>	<u> </u>		
	COMPLETION DATA	n that from any other lease of poor,	give comminging order number.		
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio	1	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 10,405'	P.B.T.D. 10,367'	
	12-22-71	1-26-72 Name of Producing Formation	Top Oil/Sigs Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)		9847	9528 1	
	3752' GL	Bone Springs	704!	Depth Casing Shoe	
	Perforated 5-1/2" casing W/2, 1/2" JEPF at 9847		7' to 9854'	10,402'	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17-1/2"	13-3/8"	354'	420 sacks (Circulated)	
	11"	8-5/8"	4,035'	265 sacks (TOC at 3140'	
	7-7/819	5-1/2#	10,402'	280 sacks (TOC at 8550'	
		2-3/8"	9,5281	<u>i </u>	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft. etc.)	
	Date First New Oil Run To Tanks	Date of Test	Flow	,,,	
	1-26-72 Length of Test	1-27-71 Tubing Pressure	Casing Pressure	Choke Size	
		•		24/64" Gas-MCF	
	16 hours Actual Prod. During Test	375#	Water - Bbls.	Gas-MCF	
		399	9	387.0	
	399	1	<u> </u>		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
				(2) - 2 (
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	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			CONSERVATION COMMISSION	
			APPROVED JAN 28 1972, 19		
above is true and complete to the best of my knowledge and belief.			BY CUDERISCE DISTRICT		
	-		44 - 7 - 7	DOLVIDIUOF.	
			TITLE	Manage with a second and	
	29.711		This form is to be filed in	compliance with RULE 1104.	
	Area Engineer (Signature)		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		
	(Sign	ature/	tests taken on the well in acco	ordence with MULE !!!!	
	Area Engineer /	.1.1	All sections of this form m	ust be filled out completely for allow	

(Title)

(Date)

January 27, 1972

All sections of this form must be filled out completely for silow-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.

RECEIVED

JAN 27 1072 OIL CONSERVATION COMM. HORBY, N. D.