

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTATION
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator
Gulf Oil Corporation
Address
Box 670 Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of Oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To show Gas Transporter & show Gas Connected.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name
Monument Abo
Well No.
1
Pool Name, including Formation
Wildcat
Kind of Lease
State, Federal or Fee
State
Lease No.
E-7419
Location
Unit Letter
G
1650 Feet From The North Line and 1700 Feet From The East
Line of Section
14
Township
19-S
Range
36-E
NMPM
Lea
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Western Crude Oil, Inc.
Address (Give address to which approved copy of this form is to be sent)
Box 1142 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent)
Box 1589 Tulsa, Oklahoma, 74100
If well produces oil or liquids, give location of tanks.
Unit
G
Sec.
14
Twp.
19-S
Rge.
36-E
Is gas actually connected?
Yes
When
6-9-77

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 Rest'v. ☐ Diff. Rest'v. ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

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 Ran To Tanks
Date of Test
Producing Method (Flow, pump, gas lift, etc.)
Length of Test
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil - Bbls.
Water - Bbls.
Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D
Length of Test
Bbls. Condensate/MCF
Gravity of Condensate
Testing Method (jet, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
D. F. Berlin
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
JUN 13 1977
APPROVED
BY
Orig. Signed by
John Runyan
TITLE
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.

RECEIVED

JUN 13 1967

U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D.C.