

OIL CONSERVATION DIVISION

Revised 10-1-83

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
OPERATOR	

Operator <i>Gulf Oil Corporation</i>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <i>9/1/83</i>
Address <i>P.O. Box 670, Hobbs, NM 88240</i>		UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	<i>New Well</i>
Recompletion ☐		
Change in Ownership ☐		

If change of ownership give name and address of previous owner *discovery allow. 28,085 10-1-83*

DESCRIPTION OF WELL AND LEASE				
Lease Name <i>Lea "NG" State</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>Hildecat</i>	Kind of Lease <i>2nd Pearl San Andres R-7351</i>	Lease No. <i>E-588</i>
Location				
Unit Letter <i>A</i>	<i>875</i>	Feet From The <i>North</i> Line and	<i>990</i>	Feet From The <i>East</i>
Line of Section <i>32</i>	Township <i>19S</i>	Range <i>35E</i>	, NMPM, <i>Lea</i> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ <i>Permian Corporation</i>		Address (Give address to which approved copy of this form is to be sent) <i>Box 3119 Midland TX 79701</i>		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <i>None</i>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit <i>A</i>	Sec. <i>32</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				
Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐
Date Spudded <i>5-8-83</i>	Date Compl. Ready to Prod. <i>6-19-83</i>	Total Depth <i>10,500'</i>	P.B.T.D. <i>5986'</i>	
Elevations (OF, R&B, RT, GR, etc.) <i>3732' GL</i>	Name of Producing Formation <i>San Andres</i>	Top Oil/Gas Pay <i>5634'</i>	Tubing Depth <i>5953'</i>	
Perforations <i>5634'-5660'</i>				Depth Casing Shoe <i>-</i>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>17 1/2"</i>	<i>13 3/8"</i>	<i>414'</i>	<i>400</i>
<i>12 1/4"</i>	<i>9 5/8"</i>	<i>5075'</i>	<i>1500</i>
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>6,028'</i>	<i>350</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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>6-19-83</i>	Date of Test <i>7-4-83</i>	Producing Method (Flow, pump, gas lift, etc.) <i>pump</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>25#</i>	Casing Pressure <i>25#</i>	Choke Size <i>-</i>
Actual Prod. During Test <i>199</i>	Oil-Bbls. <i>146</i>	Water-Bbls. <i>53</i>	Gas-MCF <i>25</i>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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.

James H. Hume
(Signature)
f Area Engineer
(Title)
7-5-83
(Date)

OIL CONSERVATION DIVISION

JUL 7 1983

APPROVED _____, 19

ORIGINAL SIGNED BY BOBBIE SEAY

BY _____

TITLE OIL & GAS INSPECTOR

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 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
JUL 6 1983

RECEIVED
JUL 6 1983
O.C.D.
HOBBS OFFICE

WELL NAME & NUMBER Lea "AQ" State Deep #1

LOCATION Unit A 875' FNL & 990' FEL Sec 32-T19S-R35E
(Give Unit, Section, Township and Range)

OPERATOR Gulf Oil Corporation

DRILLING CONTRACTOR Kenai Drilling of New Mexico a division of Kenai Drilling Limited

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>DEGREES @ DEPTH</u>
<u>1/2 139'</u>	<u>3/4 6723'</u>	<u> </u>	<u> </u>
<u>3/4 415'</u>	<u>1 7220'</u>	<u> </u>	<u> </u>
<u>1 710'</u>	<u>3/4 7860'</u>	<u> </u>	<u> </u>
<u>3/4 1205'</u>	<u>1/2 8367'</u>	<u> </u>	<u> </u>
<u>1 1607'</u>	<u>3/4 8870'</u>	<u> </u>	<u> </u>
<u>1 2299'</u>	<u>1 1/2 9438'</u>	<u> </u>	<u> </u>
<u>1 3139'</u>	<u>3/4 9959'</u>	<u> </u>	<u> </u>
<u>1 3/4 3324'</u>	<u>1 10,500'</u>	<u> </u>	<u> </u>
<u>1 1/2 3823'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 4032'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 4584'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 5070'</u>	<u> </u>	<u> </u>	<u> </u>
<u>3/4 5577'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/4 5714'</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/2 6197'</u>	<u> </u>	<u> </u>	<u> </u>

Drilling Contractor Kenai Drilling Limited

By *Dan Moilan*

Subscribed and sworn to before me this 27th day of June, 1983

Barbara J. Thompson
Notary Public

My Commission Expires 9-18-85

 Ector County Texas