

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

DATE OF SERVICE RETURNED	
DISTRICT OFFICE	
DATE OF RECEIPT	
FILE	
USE OF	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
*Gulf Oil Corporation*

Address

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐Dry Gas ☐  
Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER *2/1/84*  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.If change of ownership give name  
and address of previous owner

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Lea "AG" State</i>	Well No. <i>2</i>	Pool Name, Including Formation <i>West Pearl San Andres</i>	Kind of Lease State, Federal or Free <i>State</i>	Lease <i>A-5886</i>
Location				
Unit Letter <i>D</i>	<i>880</i>	Feet From The <i>North</i> Line and <i>330</i>	Feet From The <i>West</i>	
Line of Section <i>33</i>	Township <i>19S</i>	Range <i>35E</i>	NMPN, <i>Lea</i>	County

## 3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Permian Corp.</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 <input checked="" 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>D</i>	Sec. <i>33</i>	Twp. <i>19S</i>	Rge. <i>35E</i>	Is gas actually connected? <i>No</i>	When

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

## 4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. R.
Date Spudded <i>9-14-83</i>	Date Compl. Ready to Prod. <i>10-16-83</i>	Total Depth <i>6050'</i>	P.B.T.D. <i>5996'</i>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <i>San Andres</i>	Top Oil/Gas Pay <i>5616'</i>	Tubing Depth <i>5583'</i>					
Perforations <i>5616'-5654'</i>			Depth Casing Shoe <i>-</i>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<i>12 1/4"</i>	<i>8 5/8"</i>	<i>6049 415'</i>	<i>250</i>					
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>6049'</i>	<i>2050</i>					

## 5. 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 of able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>10-16-83</i>	Date of Test <i>12-21-83</i>	Producing Method (Flow, pump, gas lift, etc.) <i>pump</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>30#</i>	Casing Pressure <i>30#</i>	Choke Size <i>-</i>
Actual Prod. During Test <i>188</i>	Oil-Bbls. <i>50</i>	Water-Bbls. <i>138</i>	Gas-MCF <i>15</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

## 6. 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.

*RQ Pate*

(Signature)

AREA ENGINEER

(Title)

(Date)

## OIL CONSERVATION DIVISION

DEC 22 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

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 deep 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 a well 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  
DEC 22 1983  
C.C.D.  
HOZES OFFICE