

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Oils C-104 and C-110
Effective 1-1-65

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Operator Gulf Oil Corporation Address Box 670, Hobbs, New Mexico 88240		Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Abandoned Hare Simpson and recompleted in Paddock	
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If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice King	Well No. 20	Pool Name, Including Formation Paddock	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 1880 Feet From The North Line and 2080 Feet From The West Line of Section 28 Township 21-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 J	Sec. 28	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: PC-358

IV. COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date 3-28-73 Recompleted 4-28-73	Date Compl. Ready to Prod. 4-28-73	Total Depth 7880'	P.B.T.D. 7486'					
Elevations (DF, RKB, RT, GR, etc.) 3461' GL	Name of Producing Formation Paddock	Top Oil XX Pay 5264'	Tubing Depth 5455'					
Perforations 5264' to 5274'	Depth Casing Shoe 7769'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	299'	300 sacks (Circulated)					
12-1/4"	9-5/8"	2799'	1300 sacks (TOC at 850')					
8-3/4"	7"	7769'	700 sacks (TOC at 2790')					
	2-3/8"	5455'						

V. 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 Run To Tanks 4-28-73	Date of Test 5-1-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 40 - 200#	Casing Pressure --	Choke Size 22-64"
Actual Prod. During Test 163 barrels	Oil - Bbls. 137	Water - Bbls. 26	Gas - MCF --

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

K. J. Brezale
(Signature)
Area Engineer
(Title)
May 1, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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 operation.
Separate Forms C-104 must be filed for each pool in multiply recompleted wells.