

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator Gulf Oil Corporation	CASINGHEAD GAS MUST NOT BE FLAMED AFTER <u>4/1/83</u> UNLESS AN EXCEPTION TO <u>R-104</u> IS OBTAINED.
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	Request Testing Allowable (200 bbls)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

1. DESCRIPTION OF WELL AND LEASE

Lease Name J. F. Janda (NCT-L)	Well No. 1	Pool Name, Including Formation Jalmat	Kind of Lease State, Federal or Fee State	Lease No. B-229
Location				
Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>22S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Getty Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 D	Sec. 36
	Twp. 22S	Rge. 35E
	Is gas actually connected? No	
	When	

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 12-12-82	Date Compl. Ready to Prod. 1-31-83	Total Depth 4130'	P.B.T.D. 3880'					
Elevations (DF, RAB, RT, GR, etc.) 3549' GL	Name of Producing Formation JALMAT	Top Oil/Gas Pay 3748'	Tubing Depth 3782'					
Perforations 3968'-4024' (plugged), 3902-06' (plugged), 3748'-3856'			Depth Casing Shoe ---					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/2"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1160'		SACKS CEMENT 750			
7-7/8"	5 1/2"		4130'		700			

4. 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 1-31-83	Date of Test 2-5-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 12#	Casing Pressure 12#	Choke Size ---
Actual Prod. During Test 182	Oil-Bbls. 15	Water-Bbls. 167	Gas-MCF TSTM

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

5. 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.

R.D. Pite

(Signature)

Area Engineer

(Title)

2-15-83

(Date)

OIL CONSERVATION DIVISION

FEB 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 deepen well, this form must be accompanied by a tabulation of the deviate 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 own-well name or number, or transporter, or other such change of condition.

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

WELL NAME & NUMBER Janda (NCT-L) #1

LOCATION 330' FNL & 990' FWL, Sec. 36, T22S-R35E  
(Give Unit, Section, Township and Range)

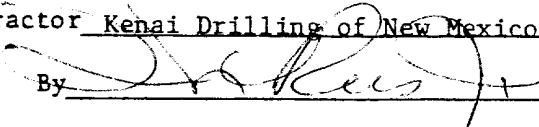
OPERATOR Gulf Oil

DRILLING CONTRACTOR Kenai Drilling of New Mexico, Inc.

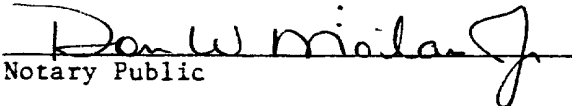
The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>DATE</u>	<u>DEGREES @ DEPTH</u>	<u>DATE</u>	<u>DEGREES @ DEPTH</u>
<u>12-13-82</u>	<u>1/4 259</u>	<u>                    </u>	<u>                    </u>
<u>12-13-82</u>	<u>1 509</u>	<u>                    </u>	<u>                    </u>
<u>12-14-82</u>	<u>3/4 940</u>	<u>                    </u>	<u>                    </u>
<u>12-14-82</u>	<u>1 1175</u>	<u>                    </u>	<u>                    </u>
<u>12-16-82</u>	<u>1/4 1551</u>	<u>                    </u>	<u>                    </u>
<u>12-17-82</u>	<u>1 2052</u>	<u>                    </u>	<u>                    </u>
<u>12-18-82</u>	<u>1 2513</u>	<u>                    </u>	<u>                    </u>
<u>12-18-82</u>	<u>3/4 3010</u>	<u>                    </u>	<u>                    </u>
<u>12-19-82</u>	<u>1/2 3533</u>	<u>                    </u>	<u>                    </u>
<u>12-21-82</u>	<u>4 4100</u>	<u>                    </u>	<u>                    </u>
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Drilling Contractor Kenai Drilling of New Mexico, Inc.

By 

Subscribed and sworn to before me this 25 day of January, 1983

  
Notary Public

My Commission Expires April 1, 1984

Gaines County Texas