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OPERATION		
FOURTH FLOOR		
1. JUNE 1968		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gulf Oil Corp.

A-14000

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing: (check proper box)

New Well	☐	Change in Transporter oil		Other (Please explain)
Interception	☐	Oil	☐	<i>Gas Connected</i>
Change in Ownership	☐	Cooling/Refr Gas	☐	
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WILL AND LEASE

Lease Name <u>A.B. Reeves</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Eumore Gas</u>	Kind of Lease State, Federal <u>(Fee)</u>	Leased To
Location				
Unit Letter <u>G</u>	: <u>1980</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>29</u>	Township <u>20S</u>	Range <u>37E</u>	, NMPM, <u>Lea</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of casinghead Gas ☐ or Dry Gas ☒					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	Sec.	Twp.	Rge.	Is gas actually connected? When
						Yes 4-11-84

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

TUBING, CASING, AND CEMENTING RECORD

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 Run 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	Dis. Condensate/AcuMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

CERTIFICATE OF COMPLIANCE

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.


 (Signature)
 AREA ENGINEER
 (Title)
 4-12-84
 (Date)

OIL CONSERVATION DIVISION

APPROVED APR 17 1984 19

0Y _____

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 able on new and reconstructed walls.

Fill out only Sections I, II, III, and VI for changes of owner 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

APR 16 1984

O.C.D.
HOBBS OFFICE