

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes O-104 and C-110
Effective 1-1-85

DISTRICT	
COUNTY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Gulf Oil Corp.
Address P.O. Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change lease name & well number effective 2-1-85
Lockhart "A-18" #4
Change of ownership give name and address of previous owner Conoco, Inc.

DESCRIPTION OF WELL AND LEASE
Well Name Eunice Monument Well No. 413 Pool Name, Including Formation Eunice Monument Kind of Lease State, Federal or Fee Lease No.
Location South Unit
Unit Letter M : 660 Feet From The South Line and 495 Feet From The West Line of Section 18 Township 21S Range 36E N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74100
Well produces oil or liquids, give location of tanks. Unit P Sec. 18 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

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 Sore Throat Full Repair
Date Spudded Date Compl. Ready to Prod. Total Depth P.O.T.D.
Locations (DF, RKD, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Testing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE H. 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)
Site 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
Initial Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

AS WELL
Initial Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
R.D. Pitter (Signature)
AREA ENGINEER (Title)
3-14-85 (Date)
OIL CONSERVATION COMMISSION
APPROVED APR - 3 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 deepened well, this form must be accompanied by a tabulation of the production 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 change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

MAR 15 1985

O.C.B.
HOLDS OFFICE