

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

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|-----|
| NO. OF DEEPER PERMITS | |
| DISTRIBUTION | |
| LAND AREA | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

Gulf Oil Corporation

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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|-----------------------|----------------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease Fee |
| Nancy Stephens | 1 | Tubb R-7334 | State, Federal or Fee | Fee |
| Location | | | | |
| Unit Letter | D | 660 Feet From The | North | Line and 660 Feet From The |
| Line of Section | 24 | Township | 21S | Range 37E, NMPM, Lea |
| | | | | Count |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas-New Mexico Pipeline Co. | Box 1510, Midland, TX 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Skelly Oil Company | Box 1135, Eunice, NM 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | F | 24 | 21S | 37E | Yes | Unknown |

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't. | Diff. Res't. |
| | XX | | | | | | | |
| Date XXXXXX | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 5-16-83 | 5-25-83 | 7150' | 6506' | | | | | |
| Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3416' GL | Tubb | 6258' | 6302' | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| 6258'-6474' | --- | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|---------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| No New Casing | | | |
| | | | |
| | | | |

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.) | |
| 5-26-83 | 6-1-83 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs | 35# | 0# | --- |
| Actual Prod. During Test | Oil-Bble. | Water-Bble. | Gas-MCF |
| 58 | 29 | 29 | 53 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bble. 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
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)

6-6-83

(Date)

OIL CONSERVATION DIVISION

JUN 15 1983

APPROVED _____, 19____

ORIGINAL SIGNED BY JERRY SEXTON

BY _____ DISTRICT 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 deeper
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 all
able 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 Form C-104 must be filed for each pool in multi-
completed wells.

RECEIVED
JUN 8 1983
S.C.D.
HOMES OFFICE

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