STATE OF NEW MEXICO HOY AND MYCHARLS DE CARRANT			Form C-101 Ravised 10-1-70
•• •/ •/	OIL CONSERVA P. O. DO	ATION DIVISICA	
BANTA TA		V MEXICO 87501	
T II 8			
4 AND D2 P II P	REQUEST FO	RALLOWABLE	
TRANSPORTER OIL		ND	
PROBATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
Cyerolot			
Gulf Oil Corporat	tion		
P. O. Box 670, Ho			
Reason(s) for tiling (Check proper b	Change in Transporter of:	Other (l'lease explain)	
New Well X	Cit Dry Go	Nev	v Well
Change In Ownership[]	Casingheod Gas Conder	r -1	
If change of ownership give name	······································		
and address of previous owner		1	······································
DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including F	$\frac{1}{1-6923}$ $\frac{4-1-82}{1-82}$	ease Lease No.
Lease Name		State Se	deral or Fee State
R.R. Bell (NCT-E) Cor	m 3 Undes Oil Cente		
Unit Letter C :	660 Feet From The North Lin	ne and <u>1650</u> Feet Fr	om The West
11 12	Township 21S Range	36Е , миры,	Lea County
Line of Section 11		JOE,	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	15	proved copy of this form is to be sent)
Nome of Authorized Transporter of (None		Aldress forre debress to which of	
Hane of Authorized Transporter of G	Casinghead Gas 📄 of Dry Gas 🕅	Address (Give address to which ap	proved copy of this form is to be sent)
Phillips Petrole		Phillips Bldg., Odessa, TX 79760	
If well produces all or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	with that from any other lease or pool,		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hes'v. Diff. Ros'v.
Designate Type of Comple		XX	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-7-81	10-15-81	5400 [†] Top Oil/Gas Pay	<u>5337</u> Tubing Depth
Elevations (DF, RKB, RT, CR, etc. 3547' GL	Glorieta	5232'	5265'
Perforations		J	Depth Casing Shoa
5232'-5261'			
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
121/11	8-5/8"	465'	350
7-7/8"	5½"	5349'	1250
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fier recovery of total volume of load	oil and must be equal to or exceed top allow
OIL WELL	able for this de	pth or be for full 24 hours) Producing Northod (Flow, pump, ga	
Dute First New Oil Hun To Tanks		rioducing manoe (riss) for the	
Longth of Test	Tubing Pressure	Casing Pressure	Chote Size
	Ott-Bbla.	Water-Bbls.	Gaa - MCF
Actual Prod. During Test			
l			
GAS WELL	Length of Test	Bbls. Condensate/NMCF	Gravity of Condensate
Actual Frod. 7++1+MCF/D 1400	24 hrs	0	0
Teeling Method (pitot, back pr.)	Tubing Presews (WONKAR)	Coming Pressure (Shut-in)	Chox - Size
Flow	70#	0#	43/64"
CERTIFICATE OF COMPLIA	NCE		ATION DIVISION
There is a stift that the sules are	d regulations of the Oll Conservation	APPROVEDAPPR 2	P 1983
I hereby certify that the rules and regulations of the Olf Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		CIGNED BY JERRY SEXTON	
		DISTRICT I SOL 2017	
		TITLE	
Se No		This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature)		If this is a request for allowable for a newly finite or despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULS 111.	
Area Engineer		All sections of this form	must be filled out completely for allow-
(Tila)	able on new and recompleted	, wells,
11-12-81		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
· · · ·	(Dut#)	Separate Forms C-104 t	numt be filed for each pool in multiply
		Il completed wells.	

STATE OF NEW MEXICO	OIL CONSERV		Form C-104 Revised 10-1-78	
BANTA FE		CW MEXICO 87501		
U 1.0.0.	REQUEST F	OR ALLOWABLE		
CRANSPUNTEN GAS		AND ISPORT OIL AND NATURAL GAS		
Civerator				
Gulf Oil Co	rporation	·····		
P. O. Box 6 Reason(s) for filing (Check prope	70, Hobbs, NM 88240	Other (Plitase explain)		
New Well	Change in Transporter of:	Request Tempor	ary Pormission to comming	
Recompletion	OII Dry (Casinghead Gas Cond	with Lardy Tubl	b & Bunice Monument at	
If change of ownership give na and address of previous owner			safk Bactery	
1. DESCRIPTION OF WELL	ND LEASE			
R. R. Bell (NCT-E)	Com 3 Undes. 0il		eral or Fee State	
Location			······································	
	660 Feet From The <u>North</u> L		om The <u>West</u>	
Line of Section 11	Township 21S Range	36E , NMPM, Lea	County	
DESIGNATION OF TRANSI	ORTER OF OIL AND NATURAL G		proved copy of this form is to be sent)	
Shell Pipel	-	Box 1910, Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent)		
Warren Petr	oleum Corp.	Box 1589, Tulsa, OK	74100	
If well produces oil or liquida, give location of tanks.	Unit Sec. Twp. Rge. D 11 21S 36E		When 1-25-82	
If this production is commingle 	d with that from any other lease or pool	, give commingling order number:		
Designate Type of Comp	letion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, e	c., "ame of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		<u>,</u>	Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
7. TEST DATA AND REQUES OIL WELL		epth or be for full 24 hours)	il and must be equal to or exceed top allo	
Dute First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump. gas	lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choze Size	
Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas-MCF	
L	l		<u></u>	
GAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitat, back pr.)	Tubing Presswe(Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLI			ATION DIVISION	
a certificate of compet	AACE	MPR 9	2 19983	
Division have been complied y	I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given		ORIGINAL SIGNED BY JERRY SEXTON	
above is true and complete to	the best of my knowledge and belief.	BYDISTRICT IS	UPERVISOR	
$\rho \cap \rho \cdot \star$		TITLE		
(Signature)		If this is a request for allowable for a newly drilled or despen- well this form must be accompanied by a tabulation of the deviation		
Area Engineer		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow		
(1 ula) 2-8-83		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditio		
· ·	(Duse)		ist be filed for each pool in multip	
		te ernenteren werten		