

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AS SPECIFIED BY	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Gulf Oil CorporationAddress
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐CASINGHEAD GAS MUST NOT BE
PLACED ASHER 3/3/82
UNDER AN EXCEPTION TO R-4070
IS CALLED FOR.

Other (Please explain)

Request Temporary Permission to Surface
Commingle with Eunice-Monument

OK TO 3-1-82

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name R. R. Bell (NCT-E)	Well No. 4	Pool Name, Including Formation Hardy Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter C : 370 Feet From The North Line and 2310 Feet From The West Line of Section 11 Township 21S Range 36E, NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, TX 79760				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 11	Twp. 21S	Rge. 34E	Is gas actually connected? When No

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-2-81	Date Compl. Ready to Prod. 1-3-82		Total Depth 6920'		P.B.T.D. 6892'			
Elevations (DF, RAB, RT, GR, etc.) 3539' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6538'		Tubing Depth 6549'			
Perforations 6538'-6759'					Depth Casing Shoe --			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 352'		SACKS CEMENT 350			
12 1/4"	9-5/8"		2565'		800			
	5 1/2"		6918'		1500			

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 1-3-82	Date of Test 1-21-82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure 0#	Choke Size 47/64"
Actual Prod. During Test 62	Oil - Bbls. 8	Water - Bbls. 54	Gas - MCF 413

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

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)1-26-82
(Date)

OIL CONSERVATION DIVISION

JAN 21 1982

APPROVED _____, 19 _____

BY Orig. Signed By
Jerry SextonTITLE Dist. L. Supr.

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 deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.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.Separate Forms C-104 must be filed for each pool in multiply
completed wells.