

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	
Operator	

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 5/4/82  
UNLESS AN EXCEPTION TO R-4078  
IS OBTAINED.

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

New Well

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

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
J. F. Janda (NCT-D)	2	Unders. Hardy Drinkard	State, Federal or Foreign <u>State</u>	

Location

Unit Letter N : 2970 Feet From The South Line and 1980 Feet From The WestLine of Section 2 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	Box 3119, 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)					
Unknown						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	2	21S	36E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-16-81	3-3-82	6936'	6891'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3514' GL	Drinkard	6554'	6735;					
Perforations			Depth Casing Shoe					
6554' - 6868'			--					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8"	1223'	600
7-7/8"	5 1/2"	6936'	2250

## 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)

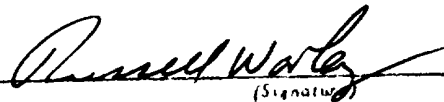
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-4-82	3-9-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	25#	25#	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
34	25	9	135

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.

Area Engineer  
(Title)3-11-82  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 15 1982, 19

BY ORIGINAL SIGNED BY

JERRY SEXTON

TITLE DISTRICT ENGINEER

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 allowable 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 recompleted wells.

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MAR 10 1982

CHIEF  
HOBBS OFFICE

WELL NAME AND NUMBER J.F. JANDA #2

LOCATION (Give Unit, Section, Township and Range)

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR CACTUS DRILLING COMPANY

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>312 1/2°</u>	<u>                    </u>	<u>                    </u>
<u>608 1/2°</u>	<u>                    </u>	<u>                    </u>
<u>947 3/4°</u>	<u>                    </u>	<u>                    </u>
<u>1646 1°</u>	<u>                    </u>	<u>                    </u>
<u>1953 1 3/4°</u>	<u>                    </u>	<u>                    </u>
<u>2258 1 1/4°</u>	<u>                    </u>	<u>                    </u>
<u>2567 1 1/2°</u>	<u>                    </u>	<u>                    </u>
<u>2843 3/4°</u>	<u>                    </u>	<u>                    </u>
<u>3149 1°</u>	<u>                    </u>	<u>                    </u>
<u>3545 1/2°</u>	<u>                    </u>	<u>                    </u>
<u>5016 1 3/4°</u>	<u>                    </u>	<u>                    </u>
<u>5319 1 1/2°</u>	<u>                    </u>	<u>                    </u>
<u>6023 1°</u>	<u>                    </u>	<u>                    </u>
<u>6329 1 1/4°</u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>

Drilling Contractor CACTUS DRILLING COMPANY

By: DENISE LEAKE *Denise Leake*

Subscribed and sworn to before me this 14 day of JANUARY, 19 82

                      
Notary Public

                      
County

My Commission Expires:                     



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MAR 10 1982

D.C.D.  
ROBBS OFFICE