

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES PREPARED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

Gulf Oil Corporation

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 3/17/83  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED

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 ☐

Request Temporary Permission to Commingle  
at Tank Battery W/Dr. + Sp. Same  
Lease

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name Nancy Stephens	Well No. 4	Pool Name, Including Formation Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>21S</u> Range <u>37E</u> , 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 24	Twp. 21S	Rge. 37E	Is gas actually connected? No	When

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded 8-15-82	Date Compl. Ready to Prod. 1-17-83		Total Depth 7419'		P.B.T.D. 7077'			
Elevations (DF, RKB, RT, GR, etc.) 3421' GL	Name of Producing Formation Tubb		Top Oil/Gas Pay 6312'		Tubing Depth 6517'			
Perforations 7264'-7376' (plugged), 7118'-7204' (plugged) 7132'-7200' (plugged), 6312'-6487'					Depth Casing Shoe ---			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	1310'	700
7-7/8"	5 1/2"	7419'	2300

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 1-17-83	Date of Test 1-20-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 35#	Choke Size ---
Actual Prod. During Test 168	Oil-Bbls. 60	Water-Bbls. 108	Gas-MCF 108

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.

RR Pite  
(Signature)

Area Engineer

(Title)

1-21-83

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1983, 19

BY EDDIE W. SEAY  
ORIGINAL SIGNED BY

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 deviate 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 multiple completed wells.

RECEIVED  
JAN 24 1983

RECEIVED

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