WELL NAME AND NUMBER J. F. JANDA #3

LOCATION LEA COUNTY, NEW MEXICO

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:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
¼ @ 200		
¼ @ 656		
½ @ 997		
½ @ 1145		
½ @ 1572		
3/4 @ 2071		
1½ @ 2509		
1 @ 3000		
1¼ @ 3502		
1 @ 4002		
1¼ @ 4500		
1½ @ 5002		
1 3/4 @ 5825		
1 3/4 @ 5929		

Drilling Contractor CACTUS DRILLING COMPANY

BY: Debbie Clark

DEBBIE CLARK, OFFICE MANAGER

Subscribed and sworn to before me this 27TH day of DECEMBER, 19 83

Marcel D. Verschueren

Notary Public

My Commission Expires: March 30, 1986

Lea County NM

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/1/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)
Request Temporary Permission to surface commingle Hardy Tubb & Eunice Monument

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 No.
J. T. Grada (WCT-D)	3	Eunice Monument	State, Federal or Fee	

Location
Unit Letter K : 1780 Feet From The South Line and 660 Feet From The West
Line of Section 2 Township 21S Range 36E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	Box 3119 Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	Phillips Bldg, Odessa, TX 79760

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
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-15-83	1-8-83	5929'	4285'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3522' GL	Grayburg	3662'	4026'
Perforations			**Depth Casing Shoe**
3662'-3850'			–

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8⅝"	1145'	550
7⅞"	5½"	4343'	2700

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-8-83	2-28-84	pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	30#	30#	W.O.
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
92	20	72	106

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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. L. Pitts
(Signature)
AREA ENGINEER
(Title)
3-1-84
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 5 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I 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 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 completed wells.