

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gulf Oil Corp.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <i>Wich</i>	Well No. <i>7</i>	Pool Name, Including Formation <i>Shinarump</i>	Kind of Lease State, Federal or Fee	Lease N
Location Unit Letter <i>C</i> : <i>660</i> Feet From The <i>Line</i> Line and <i>2300</i> Feet From The <i>West</i> Line of Section <i>14</i> Township <i>22S</i> Range <i>37E</i> , NMPM, <i>La</i> Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <i>Shell Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) <i>PO Box 1410 Midland TX 79701</i>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <i>Nabors Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>1501 15th Street, OK 74102</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>C</i>	Sec. <i>14</i>	Twp. <i>22S</i>	Rge. <i>37E</i>	Is gas actually connected? <i>No</i>	When <i>Unknown</i>

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 Heavy	Drill, Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 all
able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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. Pitzer*
(Signature)*ACCA ENGINEER*
(Title)*5-22-84*
(Date)

OIL CONSERVATION DIVISION

MAY 24 1984

APPROVED _____, 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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditiSeparate Forms C-104 must be filed for each pool in multi
completed wells.

RECEIVED
MAY 25 1984
O.C.D.
HOBBBS OFFICE