

CO. OF TOPING DEGREE	
DISTRIBUTION	
DATE OF	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

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)		Other (if/else explain)	
New Well ☐	Change in Transporter oil ☐	Gas Connected	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☐		

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Vision	Well No. 5	Pool Name, including Formation Blindery oil	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West				
Line of Section 30 Township 22S Range 38E, NMPN, Lea Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
Texas New Mexico Pipeline	Box 60028, In Apache, AZ 76906				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)				
Narver Petroleum	Box 1589 Tulsa, OK 74100				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30	Twp. 22S	Rge. 38E	Is gas actually connected? ☒ when 11-8-83

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't.	Diff. Res't.
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 oil
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	Chase 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 (Shut-in)	Casing Pressure (Shut-in)	Chase 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.

RDPite

(Signature)

AREA ENGINEER

(Title)

2-27-84

(Date)

OIL CONSERVATION DIVISION

FEB 29 1984

APPROVED _____, 19 _____

BY Eddie W. Seay
Oil & Gas Inspector

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 device
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 condition.Separate Forms C-104 must be filed for each pool in multi
completed wells.