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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gulf Oil Corporation

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 ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

R-7351 (10-1-83)

Lease Name <i>Barthorough Estate</i>	Well No. <i>4</i>	Pool Name, Including Formation <i>Brunson Also South</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location Unit Letter <i>F</i> : <i>1980</i> Feet From The <i>North</i> Line and <i>1980</i> Feet From The <i>West</i>				
Line of Section <i>31</i> Township <i>22S</i> Range <i>38E</i> , NMPM, <i>Lea</i> Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Texas New Mexico Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1510, Midland, TX 79701</i>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1589, Tulsa, OK 74100</i>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <i>Yes</i> 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	Gas well	New Well	Workover	Deepen	Plug Back	Same Hest'y.	Diff. Res
								<input checked="" type="checkbox"/>
Date Spudded <i>5-31-83</i>	Date Compl. Ready to Prod. <i>7-5-83</i>	Total Depth <i>7085'</i>	P.B.T.D. <i>5855'</i>					
Elevations (DF, RKB, RT, CR, etc.) <i>3324' GL</i>	Name of Producing Formation <i>Also</i>	Top Oil/Gas Pay <i>6671'</i>	Tubing Depth <i>7065'</i>					
Perforations <i>6671'-7065'</i>			Depth Casing Shoe <i>--</i>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>No New Casing</i>			

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)

Date First New Oil Run To Tanks <i>7-5-83</i>	Date of Test <i>7-21-83</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>25#</i>	Casing Pressure <i>25#</i>	Choke Size <i>--</i>
Actual Prod. During Test <i>15</i>	Oil-Bbls. <i>12</i>	Water-Bbls. <i>3</i>	Gas-MCF <i>285</i>

GAS WELL

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

RDP

(Signature)

AREA ENGINEER

(Title)

7-26-83

(Date)

OIL CONSERVATION DIVISION

APPROVED *JUL 28 1983*, 19

BY *ORIGINAL SIGNED BY JERRY SEXTON*
DISTRICT 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 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.

RECEIVED

JUL 27 1983

D.C.D.
HOBBS OFFICE