

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OGC C-104 and C-110  
Effective 1-1-65

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator  
**Gulf Oil Corporation**  
Address  
**Box 670, Hobbs, New Mexico 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)  
**New Well. (Commingled South McCormack Silurian with Garry Montoya in well bore, R-4443)** *Cary*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **R. E. Cole (NCT-A)** Well No. **10** Pool Name, including Formation **Garry Montoya** Kind of Lease **State** Lease No. **B-3480-1**

Location  
Unit Letter **E** : **2310** Feet From The **North** Line and **990** Feet From The **West**  
Line of Section **16** Township **22-S** Range **37-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Shell Pipe Line Corporation** Address (Give address to which approved copy of this form is to be sent)  
**Box 1910, Midland, Texas 79701**

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Warren Petroleum Corporation** Address (Give address to which approved copy of this form is to be sent)  
**Box 1589, Tulsa, Oklahoma 74100**

If well produces oil or liquids, give location of tanks. Unit **J** Sec. **16** Twp. **22-S** Rge. **37-E** Is gas actually connected? **Yes** When **1-19-73**

If this production is commingled with that from any other lease or pool, give commingling order number: **R-443**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date <del>Spudded</del> Recompleted <b>1-19-73</b>	Date Compl. Ready to Prod. <b>1-19-73</b>	Total Depth <b>7383-</b>	P.B.T.D. <b>7345'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3394'</b>	Name of Producing Formation <b>Montoya</b>	Top Oil/Gas Pay <b>7312'</b>	Tubing Depth <b>7322'</b>					
Perforations <b>7312' to 7325'</b>	Depth Casing Shoe <b>7382'</b>							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>1183'</b>	<b>500 sacks (Circulated)</b>
<b>8-3/4"</b>	<b>7"</b>	<b>7382'</b>	<b>1390 sacks (Circulated)</b>
	<b>2-7/8"</b>	<b>7322'</b>	

V. 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 <b>1-19-73</b>	Date of Test <b>1-21-73</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>55#</b>	Casing Pressure <b>--</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>27 barrels</b>	Oil-Bbls. <b>22</b>	Water-Bbls. <b>5</b>	Gas-MCF <b>--</b>

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*H. J. Brezeale*  
Area Engineer  
January 24, 1973

OIL CONSERVATION COMMISSION

APPROVED *John W. Rangan* 19  
BY *Geologist*  
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.