NO. OF COPIES RECI	EIVED	İ	
DISTRIBUTIO	NC		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
	1		

## NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE		REQUEST FOR ALLOWABLE					1331014	Supersedes Old C-104 and C-110					
	FILE	ILE AND									Effective 1-1-6	55		
	U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	LAND OFFICE	OIL	┼┼	$\dashv$										
	TRANSPORTER	GAS	+											
	OPERATOR	<u> </u>												
1.	PRORATION OF	FICE				<u> </u>								
	Operator										•			
	Gulf Oil C	orpor	ation	1					······································					
	Box 670, Hobbs, New Mexico 88240													
	Reason(s) for filing (Check proper box)  Other (Please explain)													
	New Well Change in Transporter of: Change in oil & gas transporter,											e,		
	Recompletion Oil Dry G								=   ellective 3-16-72					
	Change in Ownership Casinghead Gas Condensate													
	If change of owner			•	•									
	and address of pre	vious ov	vn <b>er</b>						<del></del>					
Ħ.	DESCRIPTION C	F WEL	L AN	D LE	ASE								<del></del>	
	Lease Name				Well No. Po	ool Name,	Including Fo	ormation		Kind of Leas State, Feder		Ch	Lease No.	
	R. E. Cole	_(NCT	<u>-A)</u> _		11	Blin	ebry			State, 1 eder		State	B-3480-1	
	,	<b>-</b>	1	980	Feet From 7	- Soi	ith	19	980	Feet From	The Ea	st		
	Unit Letter		. i <del></del>	700	Feet From '	The DO	Lin	e ana	, , , ,	reet r tom	ine			
	Line of Section	16		Towns	hip 22-S		Range	37-E	, NMPM	,	Lea		County	
Ш.	DESIGNATION C	OF TRA	NSPC	RTE	R OF OIL A	ND NAT		S Address ((	Give address	to which appro	wed conv	of this form is t	to be sent)	
	Name of Authorized					terragre [							,	
	Shell Pipe Name of Authorized	Transpo	corp	Casing	,10N head Gas 🕶	or Dry	Gas 🗀	Address (	1910, Mic Give address	to which appro	ved copy o	of this form is t	to be sent)	
	Warren Petr						_	Box 1	L589, Tul	sa, Okla	ihoma 7	4100		
	If well produces oil				nit Sec.	Twp.	Rge.		ually connect		nen			
	give location of tan				J 16	22-5	S   37-E	Yes	3	· · · · · · · · · · · · · · · · · · ·	March	16, 1972	2	
	If this production i		ngled	with t	hat from any o	other lea	se or pool,	give comm	ingling order	number:				
IV.	COMPLETION D				Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Bo	rck   Same Res	s'v. Diff. Res'v.	
	Designate Ty	pe of C	omple	tion ·	- (X)	!		 		!			1	
	Date Spudded			D	ate Compl. Rea	dy to Proc	i.	Total Dep	th		P.B.T.	٥.		
				$\perp$				m 0.1.40			Tubing	Darah		
	Elevations (DF, RK	B, RT, C	R, etc.	, N	ame of Producir	ig Format	ion	Top Oil/G	ias Pay		Lubing	Depth		
	Perforations Depth Casing Shoe													
	Petrolations													
					TUE	3ING, CA	SING, AND	CEMENT	ING RECOR	D				
	HOLE SIZE			CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
					<del></del>						-			
					<del></del>		·	!				<del></del>		
	· · · · · · · · · · · · · · · · · · ·							i			+			
<b>3</b> 7	TEST DATA AN	D REO	UEST	FOR	ALLOWARI	E (Te	st must be af	ter recovers	v of total volu	me of load oil	and must	be equal to or	exceed top allow-	
٧.	OIL WELL	DILLE				abl	e for this de	pth or be for	r full 24 hours	)				
	Date First New Oil	Run To	ranks	D	ate of Test			Producing	Method (Flou	, pump, gas i	ist, etc.)			
	4 7 7			T.	ubing Pressure			Casing Pr	essure		Choke S	Size		
	Length of Test			'	aptid Liesera									
	Actual Prod. During	Test		0	ii-Bble.			Water - Bbl	la.		Gas - M	OF .		
	' <u></u>			· · · · · · · · · · · · · · · · · · ·										
	GAS WELL										Comptes	of Condensate		
	Actual Prod. Test-	MCF/D		Length of Test				Bbls. Condensate/MMCF		Gravity	Grand, or consumation			
	Testing Method (pit	ot back	pr. J	T	ubing Pressure	(Shut-i	<u> </u>	Casing Pr	essure (Shut	-in)	Choke S	Size		
	t eating Method (pi	ot, out.	<b>P</b> ,			(0	~ ,		•	•				
VI	CERTIFICATE OF COMPLIANCE						OIL	CONSERV	ATION (	COMMISSIO	N			
71.	CERTIFICATE OF COME DIRECTOR													
	hereby certify that the rules and regulations of the Oil Conservation					APPRO	OVED	THEY !	- 191	<del></del>	19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						BYOrig. Signed by							
		above is true and complete to the cost of my management						Orig. Signed by  Joe D. Ramey  TITLE Dist. I, Supv.						
								TITLE			pv.			
	19.7	E.D. Hallinger (Signature)								for sile	wahla for	ce with RUL!	ed or deepened	
	4.01	T.EU.	40/2	enotue	•			ll 11 64	is form mus	t he accomp	anied by a	a tabulation o	of fue dearwriou	
	Area Engine	/	(3)	. <sub>0</sub> . 141 ta/	-,		:	tests to	aken on the	well in acco	ordence w	TEN MOLE II	i. etely for allow-	
	ALCA ENGLIN	Area Engineer						All	sections of	this form m	umi DV IIII raila.	TE OUL COMPA	_,,,,	

(Title)

(Date)

March 16, 1972

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 soci is multiply