

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DISTRIBUTION		
SALE		
OFFICE		
G.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

1. Operator
Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	New well & request to commingle
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	temporarily Drinkard & Wantz Granite
		Dry Gas	<input type="checkbox"/>	Wash
		Condensate	<input type="checkbox"/>	

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

CASINGHEAD GAS MUST NOT BE
FLAMED AFTER 11/17/74
IF NO EXCEPTION TO 11-1070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alice Paddock	Well No. 6	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter 0 ; 660 Feet From The south Line and 2230 Feet From The east Line of Section 1 Township 22S Range 37E , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Crude Oil Co., Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - waiting on tank battery construction	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 0 1 22S 37E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 Spudded 7-31-74	Date Compl. Ready to Prod. 9-25-74	Total Depth 7504'	P.B.T.D. 7380' Packer					
Elevations (DF, RKB, RT, GR, etc.) 3351' GL	Name of Producing Formation Drinkard	Top Oil/Gas Ray 6356'	Tubing Depth 6305'					
Perforations 6356' to 6952'	Depth Casing Shoe 7503'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	1250'	500 sx (Circulated)
8-3/4"	7"	7503'	800 sx (TOC @ 2290')
	2-3/8"	6991'	

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 9-25-74	Date of Test 11-11-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size 2"
Actual Prod. During Test 42	Oil-Bbls. 42	Water-Bbls. 0	Gas-MCF ---

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

I. 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.

B. J. Bankard
(Signature)
Area Engineer
(Title)
November 11, 1974,
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY J. O. [Signature]

TITLE SUPERVISOR OF INSPECTION

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.

RECEIVED

MAY 11 1971

U.S. CONSERVATION COMM.
WASH., D. C.