

DISTRIBUTION	
SA	TA FE
FI	E
G.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Operator Gulf Oil Corporation		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>12/1/74</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) New well and request to commingle temporarily Wantz Granite Wash and Drinkard
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alice Paddock	Well No. 6	Pool Name, Including Formation Wantz Granite Wash <u>R-4 937</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>2230</u> Feet From The <u>east</u> Line of Section <u>1</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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 0	Sec. 1	Twp. 22S	Rge. 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-31-74	Date Compl. Ready to Prod. 9-8-74		Total Depth 7504'		P.B.T.D. 7478' PB			
Elevations (DF, RKB, RT, GR, etc.) 3351' GL	Name of Producing Formation Granite Wash		Top Oil/Gas Pay 7423'		Tubing Depth 7386'			
Perforations 7423' to 7455'				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 @ 2230')			
	2-3/8"		7386'					

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 9-8-74	Date of Test 10-31-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 86 barrels	Oil-Bbls. 86	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

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.

B. Barbias
(Signature)
Area Engineer
(Title)
October 31, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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.

WELL NAME AND NUMBER Alice Paddock #6
LOCATION 660' FSL and 2230' FEL of Section 1-22S-37#, Lea County, New Mexico
(New Mexico give U,S,T & R; Texas give S, Blk., Sur. & Twp. when required)
OPERATOR GULF OIL CORPORATION
DRILLING CONTRACTOR Capitan Drilling Company, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1/4 325'	1 1/4 6650'		
3/4 990'	1 1/4 7504'		
1 1250'			
1 1750'			
3/4 2250'			
1 1/4 2650'			
3/4 3145'			
1/2 3703'			
1/2 3965'			
3/4 4460'			
3/4 4955'			
1 5450'			
3/4 5950'			
1 1/4 6157'			

Drilling Contractor Capitan Drilling Co., Inc.
By Marvin L. Smith

Subscribed and sworn to before me this 26 day of August, 1974

My Commission Expires:
6/30/75

William C. Smith
Notary Public
Ector County, Texas