

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>Gulf Oil Corporation</b>	
Address <b>Box 670, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	New Well. Permission requested to temporarily commingle this production with Drinkard production on this lease
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW BY THE NAME OF OUR  
NOTIFY THIS OFFICE **R-5762**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hugh</b>	Well No. <b>10</b>	Pool Name, including formation <b>Under Wantz Granite Wash</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>C</b> ; <b>950</b> Feet From The <b>North</b> Line of <b>2290</b> Feet From The <b>West</b> Line of Section <b>14</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> 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"/> <b>Shell Pipe Line Corporation</b>	(Give address to which approved copy of this form is to be sent) <b>Box 1910, Midland, Texas 79701</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	(Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74100</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>14</b>
	Twp. <b>22-S</b>	Range <b>37-E</b>
	Yes <input checked="" type="checkbox"/>	When <b>6-30-75</b>

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 <input type="checkbox"/>	Shut-in Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>5-1-75</b>	Date Compl. Ready to Prod. <b>6-6-75</b>	Total Depth <b>7439'</b>		P.B.T.D. <b>--</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3341' GL</b>	Name of Producing Formation <b>Granite Wash</b>	Pay <b>7224'</b>		Tubing Depth <b>7372'</b>				
Perforations <b>7224' to 7390'</b>			Depth Casing Shoe <b>7438'</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>1100'</b>		<b>525 sacks (Circulated)</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>7438'</b>		<b>2181 Sacks (TOC at 2040')</b>			
	<b>2-3/8"</b>		<b>7372'</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>6-6-75</b>	Date of Test <b>7-1-75</b>	Flowing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>70#</b>	Casing Pressure <b>--</b>	Choke Size <b>30/64"</b>
Actual Prod. During Test <b>76</b>	Oil-Bbls. <b>76</b>	Water-Bbls. <b>0</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

CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **John W. Rangan**  
TITLE \_\_\_\_\_

**Elgin Stone**  
(Signature)

**Project Petroleum Engineer**  
(Title)

**July 1, 1975**  
(Date)

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 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.