

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	

Operator
Gulf Oil Corporation
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name R. E. Cole (NCT-A)	Well No. 17	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee State	Lease No. E-3480-1
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>757</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline	Box 1910, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	Box 1589, Tulsa, OK 74100
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>16</u> Twp. <u>22S</u> Rge. <u>37E</u>	Yes <u>4-20-83</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date 3-15-83 3-15-83	Date Compl. Ready to Prod. 4-20-83	Total Depth 7338'	P.B.T.D. 5850'					
Elevations (DF, RKB, RT, GR, etc.) 3378' GL	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5509'	Tubing Depth 5449'					
Perforations 5509'-5744'	Depth Casing Shoe ---							

TUBING, CASING, AND CEMENTING RECORD

WELL SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Casing			

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 4-20-83	Date of Test 4-20-83	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 35#
Actual Prod. During Test 120	Oil - Bbls. 23	Water - Bbls. 97
		Gas - MCF 189

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

R. D. Prite
(Signature)

Area Engineer

(Title)

4-26-83

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 27 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit
Separate Forms C-104 must be filed for each pool in mult completed wells.

RECEIVED
APR 26 1983
O.C.D.
HOBBS OFFICE