HO, OF COPIES RECEIVED		
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-101
SANTA FE		Revised 1-1-65
U.S.G.S.		5A. Indicate Type of Lease
LAND OFFICE		.5. State Oil 6 Gus Leuse No.
OPERATOR	- 400	
	- -	
APPLICATION FO	R PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
le. Type of Work		7- Unit Agreement Name "
b. Type of Weil	DEEPEN 🗌 PLUG BACK 🔀	3
01L 7 - 6AS -	SINGLE MULTIPLE	6. ram or Lease Name
2. Name of Operator	OTHER ZONE ZONE	J. L. Christniashuct-C.
Gulf Oil Corp		9
Gulf Oil Corp. 3. Address of Operator		10. Field and Pool, or Wildcat
P. O. Box 670, Hobbs,	NM 88240	Hindure
4. Location of Well	S LOCATED 1660 PEET FROM THE TICKER L	
211/	20 ± 200 27E	
AND AND THE TEST PROM THE	LINE OF SEC. TWP. ARE. ALL NA	12, County
		Fra Milli
		HHHHMMMMH
	19. Proposed Depth 19A. Form	ation 20. Rotary or C.T.
21. Elevations (Show whether DF, RT, etc.		
34/7' BL	21A. Kind & Statue Plug. Bond 21B. Drilling Contractor	22. Approx. Date Work will start
23.		
	PROPOSED CASING AND CEMENT PROGRAM	
SIZE OF HOLE SIZE	OF CASING WEIGHT PER FOOT SETTING DEPTH SACKS	OF CEMENT EST. TOP
İ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 5000 Jul.
lot CIBPO GACO +	100 11/3=1A DI A PAR Chin bas of A P	Ext Registra
The cray	200 1435/3 not to PAA Chin pard, Pl	L'actions
5441, 5488 5507 55	539' 5552' 5594' 5608' 5660' 5713' 5723	5'5769' W(1) JAPF.
Port 11 William 5000	TERE MAN GLAD WY PIBON +	20/40 Land.
Dec Harris To to	TEFE. Swall Grac 14x-linkgel +	60146 Lackeer
Reneron leit. Sive	in Gland Dista the.	
ý.		
1		
• • • • • • • • • • • • • • • • • • • •		
N AROVE SPACE DESCRIBE PROPOSEI	PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUE BACE, GIVE DA"A ON POESENT	SECONOTING TOUR AND SECONO
IVE ZONE. GIVE BLOWOUT PREVENTER PROGI	AM, IF ANY.	PRODUCTIVE IONE AND PROPOSED NEW PRODUC-
hesehy dertify that the information above	is true and complete to the best of my knowledge and belief.	
igned 1 11 11	UNG THE CAREA ELCINEER	Date 9-13-84
(This space for State Us		
ORIGINAL SIGNED BY JEE	TY TO TO VERY SERVICE OF THE SERVICE	SEP 17 1984
PPROVED BYDISTRICT ! SUPERV		SEP I 1 1004
ONDITIONS OF APPROVAL IF ANY		

THE RIGHT AND MINISTRALS DEPARTMENT t.

TIL CONSERVATION DIVISIC P. O. BOX 2088 SANTA PE, NEW MEXICO 87501

ı.	FILE U S.U.S. LAND OFFILE TRANSPORTER OIL OAS OFFIATOR FAURATION OFFICE		R ALLOWABLE ND PORT OIL AND NATU	RAL GAS			
Gulf Oil Corporation							
	P. O. Box 670, Hobbs, N	NM 88240					
	Reason(s) for liling (Check proper box)		Other (Please	explains			
	New Well Recompletion Change in Ownership	Oil K Dry Ga Casinghead Cas Conder		in Name of fective l	of Transporter L-1-83		
	If change of ownership give name and address of pievious owner			·	·	-	
:1.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F		Kind of Lease State, Federal	or Fee Fee	Legae N	
	Location Unit Letter G : 168	O Feet From The North Lin	ne and2166	Feet From T	h• <u>East</u>		
	fine of Section 18 Tow	mship 22S Range	37E NMPN	l. Lea		Count	
Ħ.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address	to which approv	ed copy of this form is t	io be sent)	
	Getty Trading & Transporter of Cos Warren Petroleum Corp.	ortation Co.	Box 1142, Mid Address (Give address Box 1589, Tul	sa, OK	74100	to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 18 22S 37E	Is gas actually connect	ed? Whe	6-2-77		
.V.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling orde	r number:	Plug Back Same He	s'v. Ditt. Re	
	Designate Type of Completio			*			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Llevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	The state of the s	Tubing Depth	*	
	Perforations			·	Depth Casing Shoe		
		TUBING, CASING, AND	T		SACKS CEN	MENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	<u> </u>	3,0,0,0		
			<u> </u>				
					<u> </u>		
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volu- pth or be for full 24 hour. Producing Method (Flor	•)		exceed top al	
					Choke Size		
	Length of Teet	Tubing Pressure	Casing Pressure	•	Chore Sire		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.		Gas-MCF		
	GAS WELL						
	Actual Frod. Tool-MCF/D	Length of Test	Bbls, Condensate/MMC	F	Gravity of Condensate	,	
	Teeting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-ia)	Choke Size	·	
, I .	CERTIFICATE OF COMPLIANC		OIL C	ONSERVAT	ION DIVISION	. 19	
	I hereby certify that the rules and ruleision have been complied with above is true and complete to the	and that the information given	N YATE	NAL SIGNE DIE W. SE	b ⁾ BY		
	_ ^ _	\bigcap	TITLE OIL	s GAS I	MSPECTOR -		
	Janal a au	Wart	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviatesta taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for all				
	Area Engine						
	1-26-83	•/	able on new and re	Completed we	III and VI for cha	inges of own	
	(Dat	•)	well name of number Separate Form	r, or transport	en or other such chan be filed for each p	Se of County	
	•		I comutated walls.				

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JAN 27 1983

O.C.D. HOBBS OFFICE

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NO. OF COPIES RECEIV	£0						-		rm C+10 evtand 1	
DISTRIBUTION										Type of Lease
SANTA FE			MEXICO O					80.0	te 🗍	Fee XX
FILE		WELL COMPLE	ETION OF	RECOM	PLETIC	N REPC	RT AND	OTOGE.		Gas Lease No.
U.S.G.S.									-	
LAND OFFICE								7777	777	
OPERATOR										
la. TYPE OF WELL								7, Unit	Agree:	ment Name
	0:	C X GAS	[_]							
b. TYPE OF COMPLE		ELL [A.] WELL	L_J	ONY L	OTHER_	·		S. Farr	n or Le	ase Name
MEM X WO	RK DEES	PEN PLUG BACK	B.F.	г. П	отнея			A.L.	Chri	istmas (NCT=C)
2, Name of Cremter	562)	PEN LL BACK	<u></u>	Y// . C	OTHER			9. Well	No.	
Gulf Oil Corp	oration					•			9	
3. Address of Operator								1		Pool, or Wildcat
Box 670, Hob	bs, N.M.	88240						Une	des.	Drindard
4. Location of Well									1111	
_	_					2166			////	
UNIT LETTERG	LOCATED	L680 FEEL F	ROM THE	orth	LINE AND	2100	FEE	T FROM	7777,	
 .	~ 0	00.0	0 2 n					12. 301		
FRE East LINE OF	sec. 18	TWP. 22-S 86	ε. 3/-E	кмем)	77777	77777	77777	Lea		
•	ł	Reached 17, Date		ady to Prod.	.) 18. 1		3417 1	s, KI, GK, elc.)	19. 51	.ev. Cashinghead
4-3-77 20. Total Depth	4-15-	-77 Z	}-Z1-//	Multiple Co	ompl Ho			, Rotary Tools		. Cable Tools
6750°	21. 5	6710'	1.1	Sing		" 23, i	brillad Bu	0 to 6750	•	
24, Producing Interval	s), of this compl		, Name	SILE	; <u>re</u>	<u>"</u>		0 20 075		Was Directional Survey
·					•					Made
6437' - 6591'										No
26. Type Electric and (Other Logs Run								27. Was	Well Cored
Gamma Ray	Compensate	ed Density								No
28.			ING RECOR	RD (Report o	all string:	s set in we	11)			
CASING SIZE	WEIGHT LE	S./FT. DEPTH	SET	HOLES	IZE	C	EMENTI	IG RECORD		AMOUNT PULLED
8 5/8"	24#	1125	<u>' </u>		L/4"			circulated		
5 1/2"	15.5	6750		7 7	//8" *	1310 s	acks-	circulated		ļ
			7	'DV tool	at 3					
29.		LINER RECORD			400554	30.	T	TUBING		
SIZE	70P	BOTTCM	SACKS CE	MENT	SCREEN		1/8"	6369°	<u>- </u>	6369
							70			0309
31. Perforation Record	(Interval size a	nd number!	!	32	<u></u>	ACID SHO	T FRAC	TURE, CEMENT	L CSOLIE	EZE ETC.
Perforated 5		-	ממונד (12.	ļ		INTERVAL				MATERIAL USED
at 6437-39, 6		•		64	+37 - (NE HCL acid.
6558-60 and 6		+90-90, 0333-	-55,		**********					
0330 00 ana c	JUJ 71.									
33.				PRODUCT						
Date First Production	Proc	luction Method (Flor		t, pumping	– Size an	d type pum	P)	1		Prod. or Shut-in)
4-21-77			Low			<u> </u>			oduci	
Date of Test	Hours Tested	Choke Size	Prod'n. F Test Per		- Bbl.	Gas -	- MCF	Water — Bbl.		Cas - Oil Ratio
4-24-77	24	20/64		<u>→ </u>	120			18 1oad		
Flow Tubing Press.	Casing Pressu	ure Calculated 24 Howr Rate	1		Gas - N	ICF	Water	1		avity = API (Corr.)
400# 34. Disposition of Gas	(Sold, used for f	uel vented etc.1	12	. U	L	- -	18	Test Witness		• •
54. Disposition of Gus	Vented	net, venteu, etc.,						0. 0. W		
35. List of Attachments								10.0. 1	LIIK	
36. I hereby certify tha	the information	shown on both side	s of this for	m is true an	d complet	e to the be	st of my h	inowledge and b	elief.	
		0.	• • •		•				•	
SIGNED (J. Bon	Y M		E Area	Engin	eer		DATE _	4-2	25-77
SIGNED		~//	TITL	E				DATE _		

INSTRUCTIONS

This form is to be filed with the approximate District Office of the Commission not law despend will. It shall be accomposed by one copy of all electrical and radio-activity to un on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, two vertical depths shall also be reported. For maltiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state lead, where six copies as sequend. See Bule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

				Southeas	tern	New Mexico					Northw	estem	Ne	w Mexico	
T. B. T.	Glori Padd Bline Tabb Orink Abo _ Wolfe Pean	s	507 540 610 641	74 74 74 76 76 76 78 76 78	T. T	Canyon Strawn Atoka Miss Devonian Siturian Montoya Simpson McKee Ettenburger Gr. Wash Granite Detaware Sand Bone Springs		TO RETURN TO THE	Kirtland- Fictured Cliff Hot Menefee Point Le Mancos Gallup Se Greenh Dakots Morrison Todilto Entraca Wingate Chinle Permian Penn "	Fruiti Cliffs ase ookout orn	and		T. T	Penn. "B" Penn. "C" Penn. "D" Leadville Madison Elbert McCracken Ignacio Qtzte Granite	
						to 6591		No	. 4, from	1424333 11 <i>94</i>	***********			to	
Nο.	2, from	n	-4		- 	to	11133111332164#38##37#7	No	. 5, from.,	********	************	***********	`** ****	.to	·····
Nο.	3, from	m		••••••••	•••••	to	> \$ 1 > \$ 7 1 4 7 5 5 5 5 7 4 4 2 7 3 4 7 9 7	No	. 6, from	• • • • • • • • • • • • • • • • • • • •	*12047*70*****	**********		.to	·····
No, No, No,	 from from from 	n			\$=*** \$=***	d elevation to when the delevation to when the delevation to delevation		in I	nole.	30.0030.000	leel. leel.	32274444	******		
	,					ORMATION RE							110777	***************************************	***********
-	From	То	1	kness Feet		Formation	2.7		From	Tο	Thickness in Feet	1		Formation	

From	То	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1074		Red Beds				
1074	2606		Anhydrite & Salt	ĺį	Í		
2606	5078		Dolomite, Anhydrite and				ō
5078	6750		Sandstone, Dolomite, Shale,				
			Sandstone & Limestone				
			·				
•							
1					İ		

\$225 C FEBRUARY 30274 NEW MEXICO OIL CONSTRUATION COMMISSION 10m C-104 SANTA FE Supersedes Old C-101 and C-11 REQUEST FOR ALLOWABLE Litretive 1-1-65 dην 1 (1.1) AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.5.G.5. LAND OFFICE OIL TRANSPORTER OPERATOR PROBATION OFFICE Operator Gulf Oil Corporation Box 670, Hobbs, N.M. 88240 Other (Please explain) Reason(s) for liling (Check proper box) Change in Transporter of: New Wall To show gas transporter Dry Gas OIL Recomplation Castropheod Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ I, DESCRIPTION OF WELL AND LEASE Leane No. Kind of Lease Well No. Pool Name, Including Formation State, Federal or Fee Fee 9 Drinkard L. Christmas (NCT-C) Α. 2166... Feet From The_ ; 1680 Feet From The north Line and G Unit Letter , NMPM, County Range 37E ... Lea Township 22S Line of Section 18 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil XX | or Condensate | | | Addiess (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil XX Box 1142, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Western Crude Oil, Inc. Name of Authorized Transporter of Casinghead Gas K or Dry Gas Box 1589, Tulsa, Oklahoma 74100 Warren Petroleum Corporation When is gas actually connected? P.gc. TTWP. Sec. If well produces oil or liquids, give location of tanks. ' 37E ' G 6-2-77 22S Yes 18 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v Deepen Workove: Gas Woll New Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oll/Cas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perlocations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total valume of load oil and must be equal to or exceed top allow able for this depth or be for full 21 hours) 7. TEST DATA AND REQUEST FOR ALLOWABLE OH WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Prossure Tubing Proceure Longth of Tost Gun - MOF Water-Bble. Oil-Bble. Actual Pred, During Toot GAS WELL Gravity of Condensate Ebla. Condenacta/MMCF Actual Frod. Tool-MCP/D Longth of Toet Choke Size Casing Pressure (Shut-in) Tubing Prossure (Shut-in) Teating histhod (pitet, back pr.) OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE 11 , 19 ---APPROVED -I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above in tree and complete to the best of my knowledge and belief. ned by Joseph Sexton TITLE. t. Supv. This form is to be filed in compliance with RULE 1104. O.T. Berlin

ienature)

(Tills)

(Data)

Area Engineer

6-6-77

If this is a request for alloyable for a newly delited or deepens well, this form much be accompanied by a tribulation of the deviction taken on the well in accordance with RULE 111.

All peritors of this form must be filled out completely for allow this on new and incompleted wells.

FEI out only poetform I. II. III, and VI for changes of owner will name a marker, or transporter or other such change of condition

HO, OF COPIES RECEIVED SANTA FE FILE

REQUEST FOR ALLOWABLE AND

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

	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATU	RAL GAS			
	TRANSPORTER OIL			``			
	OPERATOR GAS						
1.	PRORATION OFFICE Operator						
i	Gulf Oil Corporation						
	Box 670, Hobbs, N.M. Reoson(s) for filing (Check proper box)	. 88240	Other (Please explai	n)			
	New Well	Change in Transporter of:	Cis	INCHEAD GAS MUST NOT BE			
	Recompletion	Oil Dry Gas	New We LEL	TACEPTION TO BE			
	Change in Ownership	Casinghead Gas Condens	iate	BEALINGIA			
	If change of ownership give name and address of previous owner	THIS WELL HAD REEN PL DESIGNATED BEZOW: IF	LACEL IN THE POOL You do not concur				
11	DESCRIPTION OF WELL AND L	MOTHRY THIS OFFICE.					
***	Lease Name	Well No. Pool Name, including Fo	217	of Lease Lease No. Federal or Fee Fee			
	A.L. Christmas (NCT-C)	9 Undes. Drinka	τα // 5 // φ σ.σ.σ.	ree			
	Unit Letter G; 1680	Feet From The North Line	and 2166 Feet	From The East			
	Line of Section 18 Town	nship 22-S Range 3	7-Е , имрм,	Lea County			
11.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Andress (Give address to which	h approved copy of this form is to be sent)			
	Name of Authorized Transporter of Oil		n 1142. Midland	. Texas 79701			
	Western Crude 011, Inc. Name of Authorized Transporter of Cast	inghead Gas 💥 or Dr y Gas 🗔	Address (Give address to whic	h approved copy of this form is to be sent)			
		Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	If well produces oil or liquids, give location of tanks.	G 18 22-S 37-E	No				
	If this production is commingled with COMPLETION DATA		New Well Workover Dee				
	Designate Type of Completion		X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	4-3-77	4-21-77 Name of Producing Formation	6750 Top Otl/Gas Pay	6710 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.) 3417 G L	Drinkard	6437 '	6369'			
	Perforations			Depth Casing Shoe			
	6437' to 6591'	TUBING, CASING, AND	CEMENTING RECORD	0750			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	1125'	550 - circulated			
	7 7/8"	5 1/2"	6750' *	1310 - circulated			
		2 3/8"	DV tool at 3459'				
v	TEST DATA AND REQUEST FO	TO ALLOWARIE (Test must be at	ter recovery of total volume of i	load oil and must be equal to or exceed top allow-			
••	Oll. WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump	o, gas lift, etc.)			
	4-21-77	4-24-77	Flow				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size 20/64"			
	24 hours	400#	Water-Bbls.	20/64 Gas-MCF			
	Actual Prod. During Tost 138	120	18 Load Water				
			Corr. Gra	avity 37.8			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressuro (Shut-in)	Casing Presoure (Shut-in)	Choke Size			
			OII CONS	SERVATION COMMISSION			
VI. CERTIFICATE OF COMPLIANCE							
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	, 19			
	Commission have been complied wabove is true and complete to the		BY 124	Septon			
	The second secon		TATLE DOLLE	IVINC - DIRICE I			
	·		This form is to be filed in compliance with RULE 1104.				
	D. T. Berlin		If this is a request for allowable for a newly drilled or de				
	(Signo	nime)	ll tasts taken on the well t	id eccoloration with Morr in			
	Area Engineer (Til	ile)	gmoort bas wen so elda	form must be filled out completely for allow- lated wells.			
	April 25, 1977		1	ons I, II, III, and VI for changes of owner, ransporter, or other such change of condition.			
	(Da	ute)	Mett being of trempett of transfer				