

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CHEVRON U.S.A. INC.	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate
Name Change Effective 7-1-85	

If change of ownership give name and address of previous owner **Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.L. Christmas (NCT-C)	Well No. 11	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H : 1780 Feet From The North Line and 810 Feet From The East Line of Section 18 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gatty Trading & Transportation Co	Address (Give address to which approved copy of this form is to be sent) Box 1142 Midland Tx 79701	
Name of Authorized Transporter of Casaghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, OK 74100	
If well produces oil or liquids, give location of tanks.	Unit 8	Sec. 18
	Twp. 22S	Rge. 37E
	Is gas actually connected? yes When 9-27-77	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 14 1985**
BY **[Signature]**
TITLE **DISTRICT 1 SUPERVISOR**

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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JUL 30 1985

STATE
MODEL'S OFFICE

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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U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 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"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Change in Name of Transporter Effective 1-1-83
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. L. Christmas (NCT-C)	Well No. 11	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease Fee Fee
Location Unit Letter <u>H</u> : <u>1780</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, TX 79701	
Getty Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74100	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Warren Petroleum Corp.	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 18
	Twp. 22S	Rge. 37E
	Is gas actually connected? Yes	When 9-27-77

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

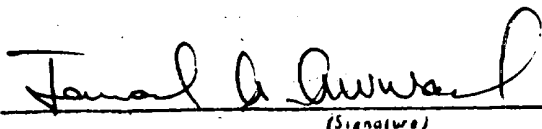
V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top a
ble for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.
(Signature)Area Engineer
(Title)1-26-83
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 28 1983, 19BY ORIGINAL SIGNED BY
EDDIE W. SEAY
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devia
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filed for each pool in mult
compleated wells.

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JAN 27 1983

G.C.O.
HOBBS OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-79

NO. OF COPIES RECEIVED	
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LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☒
3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator GULF OIL CORPORATION	8. Farm or Lease Name A. L. Christmas (NCT-C)
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Well No. 11
4. Location of Well UNIT LETTER <u>H</u> <u>1780</u> FEET FROM THE <u>North</u> LINE AND <u>810</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Withcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3413' GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Frac Drinkard perfs</u> <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6684' PB. Pulled production eqpt. Pres tstd csg to 1000#. Frac Drinkard perfs 6412-6610' w/cross-linked gel mixed w/1% KCl using 9000 gal pad; 87,500# 20-40 sd; 4 balls; and 650# rock salt. ISIP 2100#; 5 min 1950#; 10 min 1850#; 15 min 1800#. Max treating pres 5400#; min treating pres 3900#; avg pres 4700#. Ran rods & pmp & returned well to production.

Well ppd 19 BO & 14 BW & 169 MCF gas in 24 hrs. Before frac stimulation well made 1 BO, 1 BW & 44 MCF gas in 24 hrs.

Work performed 8-27-79 through 9-24-79.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED N. B. Sikes Jr. TITLE Area Engineer DATE 9-26-79
Orig. Signed by
Jerry Sexton
Dist 1, Supv.
APPROVED BY _____ TITLE _____ DATE SEP 27 1979
CONDITIONS OF APPROVAL, IF ANY:

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

Form O-100
Superseding Old O-100 and O-1
Effective 1-1-65

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

Operator Gulf Oil Corporation	
Address Box 670, Hobbs; New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	New Well

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. L. Christmas (NCT-C)	Well No. 11	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>H</u> : <u>1780'</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u>					
Line of Section <u>18</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Western Crude Oil, Inc.	Box 1142, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	Box 1589, Tulsa, Oklahoma, 74100					
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When
	G	18	22-S	37-E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
		XX	XX					
Date Spudded 7-23-77	Date Compl. Ready to Prod. 8-17-77	Total Depth 6700'				P.D.T.D. 6684'		
Elevations (DF, R&D, RT, GR, etc.) 3413' GL	Name of Producing Formation Drinkard	Top of Gas Pay 6412'				Tubing Depth 6341'		
Perforations 6412' to 6610'						Depth Casing Shoe 6700'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1092'	500 sacks (Circulated)
7-7/8"	5-1/2"	6700'*	1975 sacks (Circulated)
	2-3/8"	6341'	
* DV tool at 2910'			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
775	20	4	39.6
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back pressure	500# Flowing	--	17/64"

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.

H. B. Liles, Jr.
(Signature)

Area Engineer

(Title)

August 23, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.

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