

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

Form O-104
Supersedes OIL O-101 and O-
Effective 1-1-65

| | |
|-------------------|------------|
| IDENTIFICATION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| 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 Change In Transporter of Oil
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 12/19/77
 UNLESS AN EXCEPTION TO R-4070
 IS OBTAINED.**

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. 14 | Pool Name, including Formation Drinkard | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location Unit Letter D ; 560 Feet From The North Line and 810 Feet From The West Line of Section 18 Township 22-S Range 37-E , NMPM, Lea 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, Inc. | Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100 |
| If well produces oil or liquids, give location of tanks. Unit G Soc. 18 Twp. 22-S Rge. 37-E | 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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" 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 9-18-77 | Date Compl. Ready to Prod. 10-9-77 | Total Depth 6700' | P.S.T.D. 6638' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3433' GL | Name of Producing Formation Drinkard | Top Oil/Gas Pay 6485' | Tubing Depth 6452' | | | | | |
| Perforations 6485-6599' Drinkard | | | Depth Casing Shoe 6700' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/4" | 8 5/8" | 1177' | 500 sacks- circ | | | | | |
| 7 7/8" | 5 1/2" | 6700' * | 1900 sacks - Circ | | | | | |
| | 2 3/8" | 6452' | | | | | | |
| | | *DV tool at 3319' | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 10-9-77 | Date of Test 10-16-77 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure - | Casing Pressure - | Choke Size 2" |
| Actual Prod. During Test 131 bbls | Oil - Bbls. 76 | water - Bbls. 55 | Gas - MCF corr gvty 39.6 |

| | | | | | | |
|---------------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------------|
| GAS WELL | | Actual Prod. Test-MCF/D | | Length of Test | Ebbs. Condensate/MCF | Gravity of Condensate |
| Testing Method (flow, back pr.) | | Tubing Pressure (lb/in) | | Casing Pressure (lb/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.

N. B. Sikes Jr
(Signature)

Area Engineer

(Title)

10-17-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *James Sexton*
 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 deviate 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 change of owner well name or number, or transporter or other such change of condition.

| | |
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| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL (C-101)" FOR SUCH PROPOSALS.)

| | |
|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement No. |
| 2. Name of Operator Gulf Oil Corporation | 6. Farm or Lease Name A.L. Christmas (NCT-C) |
| 3. Address of Operator Box 670 Hobbs, NM 88240 | 9. Well No. 14 |
| 4. Location of Well UNIT LETTER <u>D</u> <u>560</u> FEET FROM THE <u>North</u> LINE AND <u>810</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> N.M.P.M. | 10. Field and Pool, or Wildcat Drinkard |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3433' 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 JOB <input checked="" type="checkbox"/> | OTHER <input 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.

Reached TD of 7 7/8" hole at 6700' at 10:30 PM 9-28-77. Ran 70 Jts 2503' of 5 1/2" 17# N-80 LT&C casing and 134 Jts. 4180' of 5 1/2" 15.50# K-55 LT&C casing, total 204 Jts 6683'. Set at 6700' with DV tool at 3319'. Cemented 1st stage with 300 sacks class C with 6% gel, 5# salt, 1/2# flocele and 300 sacks class C with .5% CFR-2. Open DV tool, cement circulated. Cemented 2nd stage with 1200 sacks class C with 16% gel, 1/2# flocel and 100 sacks class C neat. Cement circulated. WOC over 24 hours. Tested casing with 1000# for 30 minutes-OK.

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

SIGNED H. S. Sikes, Jr. TITLE Area Engineer DATE 10-6-77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

| | |
|------------------------|--|
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| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

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

50. Indicate Type of Lease
State Fee

1. OIL WELL GAS WELL OTHER-

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
Box 670, Hobbs, New Mexico 88240

9. Well No.
14

4. Location of Well
UNIT LETTER **D** **560** FEET FROM THE **North** LINE AND **810** FEET FROM

10. Field and Pool, or Wildcat
Drinkard

THE **West** LINE, SECTION **18** TOWNSHIP **22-S** RANGE **37-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3433' GL

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER
PLUG AND ABANDON
CHANGE PLANS
OTHER

SUBSEQUENT REPORT OF:
REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOBS
OTHER
ALTERING CASING
PLUG AND ABANDONMENT

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.

MGF Drilling Company spudded 12-1/4" hole at 1:00 PM, September 18, 1977. Drilled to 1180'. Ran 28 joints, 1160' of 8-5/8" OD 24# K-55 ST&C casing set and cemented at 1177' with 300 sacks of Class C with 6% gel and 200 sacks of Class C with 2% Ca Cl2. Cement circulated. WOC over 18 hours. Tested casing with 1000#, 30 minutes, OK.

Started drilling 7-7/8" hole at 12:45 PM, September 20, 1977 at 1180'.

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

SIGNED H. B. Sklar, Jr. TITLE Area Engineer DATE September 21, 1977

APPROVED BY Orig. Signed By TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

| | | |
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| LAND OFFICE | | |
| OPERATOR | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | | | | |
|---|--|--------------------------|--|---|
| 1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> | | | 7. Unit Agreement Name | |
| b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> | | | 8. Farm or Lease Name A. L. Christmas (NCT-C) | |
| 2. Name of Operator Gulf Oil Corporation | | | 9. Well No. 14 | |
| 3. Address of Operator Box 670, Hobbs, New Mexico 88240 | | | 10. Field and Pool, or Wildcat Drinkard | |
| 4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>560</u> FEET FROM THE <u>North</u> LINE AND <u>810</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>18</u> TWP. <u>22-S</u> RGE. <u>37-E</u> NMPM | | | 12. County Lea | |
| 19. Proposed Depth 6700' | | | 19A. Formation Drinkard | 20. Rotary or C.T. Rotary |
| 21. Elevations (Show whether DF, RT, etc.) 3433' GL | 21A. Kind & Status Plug. Bond Blanket | 21B. Drilling Contractor | | 22. Approx. Date Work will start September 9, 1977 |

23. PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 12-1/4" | 8-5/8" | 24# | 1200' | Circulate | |
| 7-7/8" | 5-1/2" | 15.5# | 6700' * | Circulate | |

* Will set DV tool at approximately 3,000' and circulate cement.

BOP: See Drawing No. 3 attached.

Corrected form to show correct location of well.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed D. F. Berlin Title Asst. Area Production Manager Date September 12, 1977

(This space for State Use)

APPROVED BY [Signature] TITLE TOWNSHIP ENGINEER DATE 3 1977

CONDITIONS OF APPROVAL, IF ANY: