

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

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

DISTRIBUTION		
DATE RECEIVED		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

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

Reason(s) for filing (check proper box)

New Well	☐	Change in Transporter of:
Recompletion	☐	Oil ☐
Change in Ownership	☐	Casinghead Gas ☐
		Dry Gas ☐
		Condensate ☐

Other (Please explain)
Gas Connected

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Leasing Name <i>Virian</i>	Well No. <i>13</i>	Pool Name, including Formation <i>Blindburg</i>	Kind of Lease State, Federal or Free <i>Lease</i>	Lease No.
Location Unit Letter <i>F</i> : <i>2111</i> Feet From The <i>North</i> Line and <i>1962</i> Feet From The <i>West</i> Line of Section <i>30</i> Township <i>22S</i> Range <i>38E</i> N.M.P.M. <i>Lea</i> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <i>Texas New Mexico Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 60028, Los Angeles, CA 90066</i>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <i>Harren Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1589, Tulsa, OK 74100</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>C</i> Soc. <i>30</i> Twp. <i>22S</i> Rge. <i>38E</i>	Is gas actually connected? <i>Yes</i> When <i>8-27-84</i>

(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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (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

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	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Paul Howard
(Signature)
for AREA ENGINEER
(Title)
9-12-84
(Date)

OIL CONSERVATION COMMISSION

SEP 14 1984

APPROVED _____, 19____
BY ORIGINAL SIGNED BY TERRY 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 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.