

NAME OF OPERATOR	
DATE OF PERMIT	
FILE NO.	
U.S. NO.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PERMITTING OFFICE	
PERMIT	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Gulf Oil Corp.</i>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <i>2/1/84</i> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Address <i>P.O. Box 670, Hobbs, NM 88240</i>		Other (Please explain) <i>New Well</i>	
Reason(s) for filing (check proper box)	Change in Transporter of:		
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

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

DESCRIPTION OF WELL AND LEASE

Lease Name <i>H. D. Arkhade, American</i>	Well No. <i>120</i>	Pool Name, Including Formation <i>H. D. Arkhade, American</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>27197</i>
Location Unit Letter <i>E</i> : <i>1368</i> Feet From The <i>North</i> Line and <i>1228</i> Feet From The <i>West</i>				
Line of Section <i>4</i> Township <i>23S</i> Range <i>38E</i> NMPM. <i>Lea</i> Count _____				

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) <i>Box 60028, San Antonio, TX 76906</i>					
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) <i>Box 1492 El Paso, TX 79999</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>G</i>	Sec. <i>33</i>	Twp. <i>24</i>	Rge. <i>38E</i>	Is gas actually connected? <i>No</i>	When

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 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 <i>11-3-83</i>	Date Compl. Ready to Prod. <i>1-12-83</i>	Total Depth <i>8000'</i>		P.B.T.D. <i>7947</i>				
Elevations (DF, R&B, RT, GR, etc.) <i>3150' GL</i>	Name of Producing Formation <i>American</i>	Top Oil/Gas Pay <i>7684'</i>		Tubing Depth				
Perforations <i>7684'-7884'</i>	Depth Casing Shoe _____							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<i>17 1/2"</i>	<i>13 3/8"</i>	<i>326'</i>		<i>350</i>				
<i>11"</i>	<i>8 5/8"</i>	<i>4130'</i>		<i>2100</i>				
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>8000'</i>		<i>750</i>				

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>1-12-83</i>	Date of Test <i>2-6-84</i>	Producing Method (Flow, pump, gas lift, etc.) <i>DUMP</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>45#</i>	Casing Pressure <i>45#</i>	Choke Size <i>W0</i>
Actual Prod. During Test <i>57</i>	Oil-Bbls. <i>32</i>	Water-Bbls. <i>25</i>	Gas-MCF <i>11</i>

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.*RDPite*
(Signature)

AREA ENGINEER

(Title)

2-10-84

(Date)

OIL CONSERVATION DIVISION

APPROVED *FEB 14 1984*, 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 device
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 condiSeparate Forms C-104 must be filed for each pool in mult
completed wells.

WELL NAME AND NUMBER WEST DOLLARHIDE #120

4-25-38

LOCATION LEA COUNTY, NEW MEXICO

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR CACTUS DRILLING COMPANY

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth

Degrees @ Depth

Degrees @ Depth

3/4 @ 326

1 1/2 @ 4606

1/2 @ 805

1 1/2 @ 5100

1/4 @ 1015

1 3/4 @ 5594

1/2 @ 1526

1 3/4 @ 6075

1 1/2 @ 2026

1 3/4 @ 6482

1 3/4 @ 2140

1 1/2 @ 6962

2 3/4 @ 2358

1 3/4 @ 7462

2 1/2 @ 2527

1 3/4 @ 7696

2 3/4 @ 2640

1 4/5 @ 8000

1 3/4 @ 2715

2 @ 2809

1 3/4 @ 2903

1 1/2 @ 3281

1 1/2 @ 3841

1 3/4 @ 4130

Drilling Contractor CACTUS DRILLING COMPANY

BY:

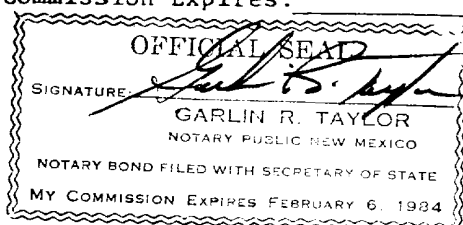
Debbie Clark

Subscribed and sworn to before me this 28 day of NOVEMBER, 1983

Notary Public

My Commission Expires:

County



RECEIVED

FEB 13 1984

O.C.D.
HOBBS OFFICE