

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-103

Supersedes Old C-101 and C-102

Effective 1-1-65

UNIT

SURFACE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Incompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Request for Testing Allowable

(200 barrels)

If change of ownership give name

and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Lillie

1

Fowler Fusselman

State, Federal or Fee

Fee

Location

Unit Letter

D

660

Feet From The

North

Line and

330

Feet From The

West

Line of Section

23

Township

24S

Range

37E

NMPM

Lea

County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate

The Permian Corporation

Address (Give address to which approved copy of this form is to be sent)

Box 3119, Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids,

Give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

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

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.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Explorations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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

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

THIS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (prod. back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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.

Area Engineer

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

SEP 5 1980

APPROVED

BY

Geologist

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 viscosity tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and re-completing 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 conditions.

RECEIVED

SEP 4 1980

OIL CONSERVATION DIV.