

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dept. of Conservation
Effective 1-1-65

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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: 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"/>	Recompletion

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Learcy McBuffington	Well No. 5	Pool Name, including Formation Justis Montoya A-4540	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter J ; 1650 Feet From The South Line and 1980 Feet From The East Line of Section 13 Township 25-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"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipe Line Corporation	Box 1910, Midland, Texas 79701	
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)	
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 13
	Twp. 25-S	Rge. 37-E
	Is gas actually connected? Yes	
	When 2-17-73	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-283

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	XX			XX				XX
Date XXXXX Recompleted 2-18-73	Date Compl. Ready to Prod. 2-18-73		Total Depth 8300'		P.B.T.D. 8136'			
Elevations (DF, RKB, RT, GR, etc.) 3073' GL	Name of Producing Formation Justis Montoya		Top Oil XXXXX Pay 6888;		Tubing Depth 6834'			
Perforations 6888' - 7000'					Depth Casing Shoe 8260'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8"	423'	400 sacks (Circulated)
12-1/4"	9-5/8"	3450'	2350 sacks (Circulated)
8-3/4"	7"	8260'	1000 sacks (TOC at 2575')
	2-7/8"	6834'	

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 3-17-73	Date of Test 3-23-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 29 barrels	Oil-Bbls. 20	Water-Bbls. 9	Gas-MCF --

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
Commission have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

H. J. Bengeale
(Signature)
Area Engineer
(Title)
March 23, 1973
(Date)

OIL CONSERVATION COMMISSION

MAR 26 1973

APPROVED
BY Leslie A. Clements
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 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 allow-
able 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.