NO. OF COPIES RECEIVED			
SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-114
FILE U.S.G.S.		AND	Effective 1-1-65
LAND OFFICE		ANSPORT OIL AND NATURAL	_ GAS
IRANSPORTER OIL GAS			
OPERATOR			
I. PRORATION OFFICE			
Gulf Oil Corporatio	n		
Address Borr 670 Hobber Nor	Morriso 88210		
Box 670, Hobbs, New Reason(s) for filing (Check prop	er box)	Other (Please explain)	
New Well Change in Transporter of:   Recompletion Oil Dry Gas		Change in Operator, lease name and well	
Change in Ownership	Oil Dry Go Casinghead Gas Conde		etty's Justis McKee Unit
If change of ownership give na			
and address of previous owner		Hobbs, New Mexico 882	40
I. DESCRIPTION OF WELL			······································
Lease Name Learzy McBuffington	Well No. Pool Name, Including F 6 Justis McKee		ase Lease No. eral or Fee Fee
Location		<b>i</b>	
Unit Letter 0 ; _	330 Feet From The South Lir	ne and <u>1980</u> Feet Fro	m The East
Line of Section 13	Township 25-S Range	37-Е , МИРМ,	Tea County
Name of Authorized Transporter	of Oil X or Condensate		proved copy of this form is to be sent)
Shell Pipe Line Cor		Box 1910, Midland, Texas 79701	
Name of Authorized Transporter El Paso Natural Gas		Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	
give location of tanks.	B 24 25-S 37E		1-1-66
If this production is commingly V. COMPLETION DATA	ed with that from any other lease or pool,	give commingling order number:	
Designate Type of Com	Oll 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, e	tc.j Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations	. <u></u>	A	Depth Casing Shoe
	TUBING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>
V. TEST DATA AND REQUES OIL WELL		fter recovery of total volume of load o opth or be for full 24 hours)	il and must be equal to or exceed top allow-
Date First New Oil Run To Tank	s 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
l			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Floa. 1981-MCI7D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPL		OIL CONSERV	ATION COMMISSION
. CENTRICALE OF COMPL			<u>8 1071</u>
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.		APPROVED (19, 19, 19	
		by Joe D. Ramey	
ORIGINAL SIGNED BY C. F. KALTEYER		TITLE Dist. I, Supv.	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
	(Signature)	I well this form must be accomi	panied by a tabulation of the deviation
C. F. KALTEYER, Area Engineer		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
Nottomber 1. 1071	(Title)	able on new and recompleted Fill out only Sections I.	wells. II. III. and VI for changes of owner,
November 4, 1971	(Date)	well name or number, or transp	orter, or other such change of condition. ust be filed for each pool in multiply
		ci Senarate Porma C+1V4 mil	was wan sesana she aminin prese sin makedahara

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OIL CONSERVATION COMM. NOEDS, N. M.