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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PROBATION OFFICE | |

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

Form O-100
Supersedes Old O-101 and O-102
Effective 1-1-65

Operator Gulf Oil Corporation

Address P. O. Box 670, Hobbs, NM 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"/> | Frac |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Condensate <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | | |

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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------------|---|---|---------------------------|
| Lease Name Arnott-Ramsay (NCT-F) | Well No. 3 | Pool Name, including Formation Justis Gas | Kind of Lease State, Federal or Free State | Lease No. B-229 |
| Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East | | | | |
| Line of Section 36 | Township 25S | Range 37E | County DEWEL | Lea |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipeline | Box 1510, Midland, TX 79701 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas | Box 1492, El Paso, TX 79999 |
| If well produces oil or liquids, give location of tanks. | Unit Soc. Twp. Rge. Is gas actually connected? When |
| | No <i>yes</i> 9/11/81 |

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

III. COMPLETION DATA

| | | | | | | | |
|-------------------------------------|-----------------------------|-----------------|----------|----------|-------------------|-----------|-----------------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Prod. Perf. Res. |
| | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | H.S.T.D. | | |
| Elevations (Dr., 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 |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

IV. 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 Ran 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 | Lbs. Condensate, MCF | Gravity of Condensate |
| Testing Method (flow, back pr.) | Tubing Pressure (HSub-in) | Casing Pressure (HSub-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.

R. J. Petre
(Signature)
Area Engineer
(Title)
9-10-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10/1 1981
BY [Signature]
TITLE **SUPERVISOR DISTRICT 1**

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 calculation of the allowable taken on the well in accordance with RULE 111.
All questions of this form must be filled out completely for allowable to be considered for a well.
Fill out only sections I, II, III, and VI for change of owner well name or method of transportation, other such change of available