

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OCS Form 100 and 101  
Effective 1-1-65

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator  
Gulf Oil Corporation  
Address  
Box 670, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)  
New Well  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>West Dollarhide Dev Unit</u>	<u>118</u>	<u>Dollarhide Devonian</u>	State, Federal or Fee <u>State</u>	<u>27197</u>
Location Unit Letter <u>K</u> : <u>2340</u> Feet From The <u>South</u> Line and <u>1420</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>24-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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)			
<u>Texas-New Mexico Pipe Line Company</u>	<u>Box 1510, Midland, Texas 79701</u>			
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)			
<u>El Paso Natural Gas Company</u>	<u>Box 1384, Jal, New Mexico 88252</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>G</u>	<u>33</u>	<u>24-S</u>	<u>38-E</u>
				Is gas actually connected? <u>Yes</u> When <u>4-9-73</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>XX</u>	<u>XX</u>							
Date Spudded <u>3-10-73</u>	Date Compl. Ready to Prod. <u>4-10-73</u>	Total Depth <u>8050'</u>		P.B.T.D. <u>8045'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3182' GL</u>	Name of Producing Formation <u>Devonian</u>	Top Oil/Gas Pay <u>7794'</u>		Tubing Depth <u>8002'</u>				
Perforations <u>7794 - 8016'</u>				Depth Casing Shoe <u>8049'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>303'</u>		<u>335 sacks</u>			
<u>11"</u>	<u>8-5/8"</u>		<u>3947'</u>		<u>300 sacks (TOC at 2598')</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>8049'</u>		<u>260 sacks (TOC at 5800')</u>			
	<u>2-7/8"</u>		<u>8002'</u>					

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 <u>4-10-73</u>	Date of Test <u>4-12-73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>102 barrels</u>	Oil-Bbls. <u>95</u>	Water-Bbls. <u>7</u>	Gas-MCF <u>--</u>

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

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.

K. J. Brezyske  
(Signature)  
Area Engineer  
(Title)  
April 17, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 19\_\_\_\_  
BY Lester H. Clements  
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.

WELL NAME AND NUMBER West Dollarhide Devonian Unit #118

LOCATION 2450/S 1420/W Section 33, T24S, R38E, Lea County, New Mexico  
(New Mexico give U,S,T & R; Texas give S,Blk.,Sur.& Twp.when required)

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR MORANCO

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:

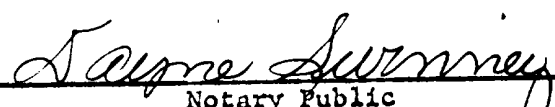
<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/2 90</u>	<u>2 1/4 2899</u>	<u>1 1/4 7074</u>	<u>                    </u>
<u>1/4 305</u>	<u>2 2984</u>	<u>1 3/4 7467</u>	<u>                    </u>
<u>1/4 839</u>	<u>1 3355</u>	<u>1 1/4 7850</u>	<u>                    </u>
<u>3/4 1301</u>	<u>1 3680</u>	<u>1 1/2 8050</u>	<u>                    </u>
<u>1/2 1543</u>	<u>1 3850</u>	<u>                    </u>	<u>                    </u>
<u>1/2 1763</u>	<u>3/4 3950</u>	<u>                    </u>	<u>                    </u>
<u>1 1952</u>	<u>3/4 4330</u>	<u>                    </u>	<u>                    </u>
<u>2 1/4 2140</u>	<u>3/4 4808</u>	<u>                    </u>	<u>                    </u>
<u>2 1/4 2184</u>	<u>3/4 5279</u>	<u>                    </u>	<u>                    </u>
<u>2 1/2 2422</u>	<u>3/4 5518</u>	<u>                    </u>	<u>                    </u>
<u>2 1/2 2548</u>	<u>1 6078</u>	<u>                    </u>	<u>                    </u>
<u>2 1/2 2610</u>	<u>1 1/4 6441</u>	<u>                    </u>	<u>                    </u>
<u>2 1/2 2713</u>	<u>1 1/2 6535</u>	<u>                    </u>	<u>                    </u>
<u>2 1/4 2797</u>	<u>1 1/4 6847</u>	<u>                    </u>	<u>                    </u>

Drilling Contractor MORANCO

By   
Vice President

Subscribed and sworn to before me this 5th day of April, 1973

My Commission Expires:  
April 1, 1974

  
Notary Public  
Lea County, New Mexico