

## REQUEST FOR ALLOWABLE

AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 2/1/77  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

Operator  
Gulf Oil Corporation

Address  
Box 670 Hobbs, N.M. 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 C.D. Woolworth	Well No. 4	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>L</u> ; <u>2080</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>24-S</u> Range <u>37-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"/> Permian Corporation, The	Address (Give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>L</u>	Sec. <u>30</u>	Twp. <u>24-S</u>	Pge. <u>37-E</u>	Is gas actually connected? <u>No</u>	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	DHL Res't. <input type="checkbox"/>
Date Spudded <u>3-22-77</u>	Date Compl. Ready to Prod. <u>4-10-77</u>		Total Depth <u>3700</u>		P.B.T.D. <u>3680</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3265' GL</u>	Name of Producing Formation <u>Queen</u>		Top Oil/Gas Pay <u>3414'</u>		Tubing Depth <u>3558'</u>			
Perforations <u>3414 to 3662'</u>					Depth Casing Shoe <u>3700'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2"</u>	<u>8 5/8"</u>		<u>365'</u>		<u>300 Sacks - Circulated</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>3700'</u>		<u>1100 Sacks - Circulated</u>			
	<u>2 3/8"</u>		<u>3558'</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>4-10-77</u>	Date of Test <u>5-14-77</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>129 Bbls.</u>	Oil-Bbls. <u>48</u>	Water-Bbls. <u>81</u>	Gas-MCF <u>-</u>

Corr. Gravity 30.3

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

D. F. Berlin  
(Signature)

Area Engineer  
(Title)

May 16, 1977  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED 5-16-77, 19\_\_\_\_  
BY Supervisor  
TITLE

This form is to be filed in compliance with RULE 104.

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.

RECEIVED

MAY 18 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.