

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                     |  |
|---------------------|--|
| NAME OF OPERATOR    |  |
| DISTRIBUTION        |  |
| LAND OFFICE         |  |
| TRANSPORTER         |  |
| OPERATOR            |  |
| REGISTRATION OFFICE |  |

Gulf Oil Corporation

Address

P. O. Box 670, Hobbs, NM 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)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                       |          |                                |                             |                    |
|-----------------------|----------|--------------------------------|-----------------------------|--------------------|
| Lease Name            | Well No. | Pool Name, Including Formation | Kind of Lease               | Lease No.          |
| Arnott Ramsay (NCT-E) | 9        | Jalmat                         | State, Federal or Fee State | B-229              |
| Location              |          |                                |                             |                    |
| Unit Letter           | J        | 1980 Feet From The             | South Line and              | 1980 Feet From The |
| Line of Section       | 16       | Township                       | 25S                         | Range              |
|                       |          |                                | 37E                         | NMPM, Lea County   |

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) |      |      |      |                            |         |
| Permian Corporation                                                                                                      | Box 3119, Midland, TX 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                                                                                                      | Box 1492, El Paso, TX 79948                                              |      |      |      |                            |         |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When    |
|                                                                                                                          | N                                                                        | 16   | 25S  | 37E  | Yes                        | Unknown |

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

COMPLETION DATA

|                                    |                             |                 |              |          |        |           |             |            |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil well                    | Gas well        | New Well     | Workover | Deepen | Plug Back | Same Res'y. | Diff. Res. |
|                                    |                             |                 |              | XX       |        |           |             | XX         |
| Date <del>XXXXXX</del>             | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |            |
| 6-28-82                            | 7-2-82                      | 3700'           | 3350'        |          |        |           |             |            |
| Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |             |            |
| 3101' GL                           | OKPK Jalmat y-SR            | 2920'           | 2898'        |          |        |           |             |            |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |             |            |
| 2920'-3028'                        | --                          |                 |              |          |        |           |             |            |

TUBING, CASING, AND CEMENTING RECORD

|               |                      |           |              |
|---------------|----------------------|-----------|--------------|
| HOLE SIZE     | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| No New Casing |                      |           |              |

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 Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 7-2-82                         | 7-5-82          | Flow                                          |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24 hrs                         | 240#            | 0#                                            | 18/64"     |
| Actual Prod. During Test       | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
| 62                             | 62              | 0                                             | 59         |

GAS WELL

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

*W. R. Clark*  
(Signature)

Area Engineer

(Title)

7-6-82

(Date)

OIL CONSERVATION DIVISION

JUL 8 1982

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

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 deviate 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 multiple completion wells.