1.	NO. OF COPIES RECEIVED   DISTRIBUTION   SANTA FE   FILE   U.S.G.S.   LAND OFFICE   IRANSPORTER   OIL   PROPATION OFFICE			LOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65		
	GULF OIL CORPORATION					
	Address P. O. Box 670, Hobbs, NM 88240					
	P. U. BOX 070, HOD Reason(s) for filing (Check proper box)	Other (Elfer	ASISTANSING GAS MUST NOT BE			
	New Weil KA Change in Hanspirk of PLARED ANTER Laft/12					
	Recompleiton Cil Dry Cas ONLESS AN EXCEPTION TO R-10   Change in Ownership Casinghead Gas Condensate IS OPTAINED				10N TO R-1979	
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE Well No.: Pool Name, Including F	ormation	Kind of Lease	L Lagra No.	
	Lease Name C. D. Woolworth	5 Langlie		State, Federal or Fe	Fee Fee	
	Location	· · ·		. <u>1</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West					West	
	Line of Section 30 Tow	mship 24-S Range	37-E , NMPN	4, Lea	County	
			-			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil X     or Condensate Address (Give address to which approved copy of this form is to be sent)						
•	Permian Corporatio	n	P. 0. Box 31	19, Midland,	TX 79701	
Name of Authorized Transporter of Casinghead Gas 🙀 or Dry Gas 📋 Address (Give address to which approved copy of this fo						
	If well produces cil or liquids,	El Paso Natural Gas Co P. O. Box 1384, Ja1, N. 88252 When When When				
	give location of tanks.	н. н. Н. н. <u>1</u>	No	l 	·	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA						
14.	Designate Type of Completio	Dil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v	
	Designate Type of Completio	Date Compl. Ready to Prod.	XX Total Depth	P.B.	.T.D.	
	2-27-78	3-21-78	3750'		3696'	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay 3406 '	Tub	ing Depth	
	3261' GL			Depi	3601" th Casing Shee	
	3406-3692' Langl:			3750'		
		TUBING, CASING, AND	D CEMENTING RECOR		SACKS CEMENT	
	HOLE SIZE	9 5/8"	371'		50 sacks- circ	
	7 7/8"	<u>4 1/2"</u> 2 3/8"	3750' 3601'	8	00 sacks - circ	
		2 570	5001			
v.	V. 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 allow					
	OII, WEII. Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	3-21-78	4-13-78	PPG			
	Length of Test	Tubing Pressure	Casing Piessure	Cho	ke Size	
	24 hrs Actual Pred. During Test	Cil-Bbls.	Water-Bbls.	Gas	- MCF	
	51 bbls	25	26		<del></del>	
	GAS WELL 42.3 corr gvty					
	Actual Frod. Tool-MCF/D	Length of Teat	Bbls. Condensate/MMC	F Grav	vity of Condensate	
	Teating Noticod (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut	-in) Cho	ke Size	
	leating Method (pirot, buck pr.)	I down of bude and				
VI.	CERTIFICATE OF COMPLIANC	OIL CONSERVATION COMMISSION				
		APPROVED				
	I hereby certify that the rules and re Commusion have been complied w					
	above is true and complete to the	TENERS ON CONTRACTOR				
	$\sim$	TITLE SUPERVICE LIDITIES WITH BULF 1104				
	Y. Q. Site	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.				
	(Signa					
	Area Er	All anotions of this form must be filled out completely for allow				
		( <i>Tiule</i> ) 4-14-78			able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner	
	4-14 (Dat	well name or number, or transporter, or other such change of condition well name or number, or transporter, or other such change of condition				

Separate Forms C-104 must be flied completed wells. po 101 01 ln

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OIL CONSERVATION COMM. HOBBS, N. M.