

1.

Operator _____

GULF OIL CORPORATION

Address

P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well

X

Change in Transporter of:

Recompletion



C12

1

Dry Gas

L

Request Allowable

Change in Ownership

Casinghead Gas ☐

Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lense Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Arnott-Ramsay (NCT-E)		10	Langlie Mattix 7 Riv Queen	State, Federal or Fee State	B-229
Location					
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>					
Line of Section <u>16</u> Township <u>25-S</u> Range <u>37-E</u> , NUPM, <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)	
The Permian Corporation					P. O. 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 Company					P. O. Box 3184, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	16	25S	37E	Yes	7-24-78

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

IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hstvy.	Diff. Rest.
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
7-8-78		7-24-78		3700'			3655'		
Elevations (DF, RAB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3125' GL		Queen		3372'			3268'		
Perforations							Depth Casing Shoe		
3372' - 3575'							-		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"		8-5/8" - 24.00#		359'		265 sx - Circ			
7-7/8"		4-1/2" - 9.50#		3700'		1305 sx - Circ			

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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
7-24-78		7-26-78		Flowing	
Length of Test		Tubing Pressure		Casing Pressure	
24 hours		300 $\frac{1}{2}$		-	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
44 bbls		44		-	
				Gas-MCF	
				527	

Corr Gvty: 31.4

GAS WELL

Action, i.e., Test-Matrix	Length of Test	Bbl. Condensate/RunCP	Gravity of Condensate
Testing Method (spec. Test prod)	Pulsing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compared with and that the information given above is true and complete to the best of my knowledge and belief.

Acting Area Engineer

7-31-78

OIL CONSERVATION COMMISSION

APPROVED

~~AUG 1 1978~~

BY

TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If there is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for other side of main and horizontal writing.

Fill out only Sections I, II, III, and VI for existing conditions well water, and Sections IV and V for proposed or other such change of condition.