0. OF COPIES RECEIVED DISTRIBUTION ANTA FE TILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR	REQUEST	NSERVATION COMMISSION OR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C+104 Supersedes Old C-104 and C-110 Effective 1-1-65
PRORATION OFFICE			
GULF OIL CORPORATION			
P. O. Box 670, Hobbs,	NM 88240		
Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condens	- Filestive Februar	rter of oil y 1, 1980
If change of ownership give name and address of previous owner		<u></u>	
DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.
Arnott-Ramsay (NCT-B)	8 Langlie Matt		or Fee State B-229
Unit Letter <u>N; 66</u>	0 Feet From The <u>South</u> Line	and <u>1980</u> Feet From T	he West
Line of Section 32 Tov	vnship 255 Range	37е , ммрм,	Lea County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texas-New Mexico Pipe Name of Authorized Transporter of Case	line Company	P.O. Box 1510, Midland, Address (Give address to which approv	TX 79701 ed ccpy of this form is to be sent)
El Paso Natural Gas	Unit Sec. Twp. P.ge.	P.O. Box 1492, El Paso, Is gas actually connected?	n
If well produces oil or liquids, give location of tanks.	0 32 25S 37E	Yes	6-16-79
If this production is commingled win COMPLETION DATA	th that from any other lease or pool, g		
Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
Length of Test	Tubing Preasure	Casing Pressure	Choke Size
Actual Prod. During Test	Oll-Bbla.	Water-Bble.	Gas-MCF
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	1 1980
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.		APPROVED, 19 Orig. Signed 5 BY Jerry Sexton	
		TITLE Jerry Sector Dist 1. Sugs	
Area Engin	Res 7-1-1 nature) /	This form is to be filed in a lf this is a request for allow well, this form must be accompa tosts taken on the well in accom- All sections of this form mu- sble on new and recompleted we	ist be filled out completely for allow- plis. t TTL and VI for changes of owner,
1-31-80	Jute)	Fill out only Sections I. I well name or number, or transpor	 III, and VI for changes of owner, ter, or other such change of condition.