

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

**HEADGAS MUST NOT BE
CLASSIFIED AS
UNLESS AN EXCEPTION TO 2-1073
IS OBTAINED.**

Operator
Gulf Oil Corporation

Address

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 ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Request Temporary Permission to Commingle
at tank battery with Langlie Mattix Oil

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|---|--------------------|
| Lease Name Arnott Ramsay (NCT-B) | Well No. 11 | Pool Name, Including Formation <i>Galimat - SR</i> Langlie Mattix | Kind of Lease State, Federal or Free State | Lease No. B-229 |
| Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------|-------------|-------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 32 | Twp. 25S | Rge. 37E | Is gas actually connected? No | When |

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 <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'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 11-21-81 | Date Compl. Ready to Prod. 12-14-81 | | Total Depth 3473' | | P.B.T.D. 3334' | | | |
| Elevations (DF, RNB, RT, GR, etc.) 2982' GL | Name of Producing Formation <i>Sevaca Lower</i> | | Top Oil/Gas Pay 3270' | | Tubing Depth 3204' | | | |
| Perforations <i>2982-2981, 2980-2979, 3270-73', 3278-81'</i> | Depth Casing Shoe -- | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/2" | 8-5/8" | 399' | 275 |
| 7-7/8" | 5 1/2" | 3473' | 1710 |
| | | | |
| | | | |

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 12-14-81 | Date of Test 1-20-82 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs | Tubing Pressure 30# | Casing Pressure 0# | Choke Size 36/64" |
| Actual Prod. During Test 49 | Oil-Bbls. 25 | Water-Bbls. 24 | Gas-MCF 64 |

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 |

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.

R.D. Pite
(Signature)

Area Engineer

(Date)

1-22-82

(Date)

OIL CONSERVATION DIVISION

APPROVED *JAN 26 1982*, 19BY *Les Clements*TITLE *Oil & Gas Insp.*

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.