OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-107 Revised 2-1-82

APPLICATION FOR MULTIPLE COMPLETION

| Gulf Oil Corporation | | | Lea | 9-27-84 | |
|----------------------|-----------|----------|-----------------|----------|----------|
| Operator | | | County | Date | |
| P. O. B | ox 670, H | obbs, NM | C. D. Woolworth | 7 | · |
| Address | | | Lease | Well No. | <u> </u> |
| | J | 30 | 24S | 37E | • |
| Location | Unit | Section | Tewnship | Range | |

All Applicants for multiple completion must complete Items 1 and 2 below.

| I. The following facts are submitted: | Uppe r Zone | Intermediate Zone | · Lower Zone |
|--|-------------------------|----------------------|---|
| a. Name of Pool and Formation | Jalmat Yates 7 Rivers | | Langlie Mattix <u>7 Rivers Queen</u> |
| b. Top and Bottom of | | | |
| Pay Section (Perforations) | 3206-3434' | | 3509-3636' |
| <pre>c. Type of production (Oil or Gas)</pre> | Gas | | 011 |
| d. Method of Production (Flowing or Artificial Lift) | Flow | | Pump |
| e. Daily Production Actual X Estimated | | •• | |
| Oil Bbls. Gas MCF Water Bbls. | 0 BO 150 MCF 0 EW | | 13 BO 100 MCF 45 BW |

2. The following must be attached:

a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.

b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease

c. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the at OCD time application is filed it shall be submitted as provided by Rule 112-A.)

| I hereby certify that, the information above is true and complete and belief Signed | te |
|---|-------------------------|
| (This space for State Use) Approved By | Date OCT - 4 1984 |
| NOTE: If the proposed multiple completion will result in an uno and/or a non-standard proration unit in one or more of th separate application for approval of the same should be f | e producing zones, then |

this application.