

FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Gulf Oil Corporation			
Address Box 670, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	New Well	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

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

DESCRIPTION OF WELL AND LEASE

Lease Name J. R. Holt (NCT-A)	Well No. 5	Pool Name, including Formation Fowler Upper Yeso	Kind of Lease State, Federal or Fee State	Lease No. B-2431
Location Unit Letter 0 ; 810 Feet From The South Line and 1980 Feet From The East				
Line of Section 16 Township 24-S Range 37-E , NMPM, Lea 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 Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1394, Jal, New Mexico 88252			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 24-S	Rge. 37-E
	Is gas actually connected? Yes		When April 10, 1973	

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 3-12-73	Date Compl. Ready to Prod. 4-2-73		Total Depth 5750'		P.B.T.D. 5719'			
Elevations (DF, RKB, RT, GR, etc.) 3235' GL	Name of Producing Formation Yeso		Top Oil/Gas Pay 5333'		Tubing Depth 5651'			
Perforations 5333' to 5660'					Depth Casing Shoe 5749'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1129'	560 sacks (Circulated)
7-7/8"	5-1/2"	5749'	495 sacks (TOC at 2300')
	2-7/8"	5651'	

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 4-2-73	Date of Test 4-9-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 328 barrels	Oil-Bbls. 56	Water-Bbls. 272 (Load)	Gas-MCF --

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

H. J. Beazdale
(Signature)
Area Engineer
(Title)
April 9, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19____
BY [Signature]
TITLE _____

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.