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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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MAY 4 1967

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Littlefield "AB" Federal	Well No. 6	Pool Name, Including Formation Shugart (Y, SR, Q, Gbr)	Kind of Lease State, Federal or Fee Fed. NM-014103	Lease No.
Location Unit Letter K ; 1650 Feet From The South Line and 1650 Feet From The West Line of Section 22 Township 18-S Range 31-E , NMPM, Edy 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 22	Twp. 18-S	Rge. 31-E	Is gas actually connected? Yes	When 4-29-67

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-24-67	Date Compl. Ready to Prod. 4-12-67	Total Depth 5100'		P.B.T.D. 3955'					
Elevations (DF, RKB, RT, GR, etc.) 3644' GL	Name of Producing Formation Grayburg	Top Oil/ Gas Pay 3918'		Tubing Depth 3940'					
Perforations 3918' to 3920'		Depth Casing Shoe 5099'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		626'		375 Sacks (Circulated)				
7-7/8"	5-1/2"		5099'		750 Sacks (TOC at 1530')				
	2-3/8"		3940'						

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 4-28-67	Date of Test 5-1-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 16	Oil - Bbls. 16	Water - Bbls. 0	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

VI. 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.

ORIGINAL SIGNED BY
C. D. BORLAND

(Signature)

Area Production Manager

(Title)

May 1, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **1967**, 19

BY **W. C. Grassett**

TITLE **OIL AND GAS RECORD**

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.