

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		4
PRORATION OFFICE		

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

RECEIVED

JUN 2 1967

B. C. C.  
ARTERIA, OFFICE

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

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Holder "CTM" Federal	Well No. 1	Pool Name, Including Formation Lusk Strawn
Kind of Lease State, Federal or Fee Fed.		NM-034954
Location Unit Letter F, 1980 Feet From The North Line and 1980 Feet From The West		
Line of Section 11 Township 19-S Range 31-E, NMPM, Eddy County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	The Permian Corporation		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
None - gas is vented, waiting on tank battery construction.			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11	Twp. 19-S
			Rge. 31-E
			Is gas actually connected? No
			When

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		XX		XX					
Date Spudded 4-19-67	Date Compl. Ready to Prod. 5-31-67	Total Depth 11,310'		P.B.T.D. 11,273'					
Elevations (DF, RKB, RT, GR, etc.) 3589' GL	Name of Producing Formation Strawn	Top Oil/Sec Pay 11,127'		Tubing Depth 11,082'					
Perforations 11,127-29', 11,141-43', 11,157-59' & 11,169-71'				Depth Casing Shoe 11,310'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	697'	430 sacks (Circulated)
11"	8-5/8"	3999'	665 sacks (TOC at 2225')
7-7/8"	5-1/2"	11,310'	380 sacks (TOC at 8720')

VI. 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 5-31-67	Date of Test 6-1-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 1175#	Casing Pressure ---	Choke Size 27/64"
Actual Prod. During Test 440	Oil - Bbls. 440	Water - Bbls. ---	Gas - MCF ---

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

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. BOPLAND

(Signature)  
Area Production Manager

(Title)  
June 2, 1967

(Date)

OIL CONSERVATION COMMISSION  
JUN 2 1967

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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.