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TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
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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-11  
Effective 1-1-65

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AUG 28 1978

I. Operator Gulf Oil Corporation

Address Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box) Designate

New Well ☐ Recompletion ☐ Change in Ownership ☐

Other (Please explain) To show condensate transporter

Oil ☐ Gas ☐ Dry Gas ☐ Condensate ☒

Casinghead Gas ☐

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

O. C. C.  
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "GL" State Com. Well No. 1 Pool Name, including Formation Angell Ranch Morrow Kind of Lease State Lease No. L-620

Location Unit Letter I : 1980 Feet From The south Line and 660 Feet From The east Line of Section 25 Township 19S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, N.M. 88252

If well produces oil or liquids, give location of tanks. Unit I Sec. 25 Twp. 19S Rge. 27E Is gas actually connected? Yes When 7-13-78

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐

Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_

Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_

Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_

Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size Post 3

Actual Prod. During Test \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_ Water-Bbls. \_\_\_\_\_ Gas-MCF 7-1-78

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.

H. P. Sikes Jr.  
(Signature)

Area Engineer (Title)

August 24, 1978 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1978

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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 deviated 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 multiple completed wells.