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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-
Effective 1-1-65

Operator
GULF OIL CORPORATION
Address
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Request new allowable after repairing
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ 4-1/2" casing leak

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache Federal	Well No. 12	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla
Location Unit Letter J ; 1650 Feet From The South Line and 1650 Feet From The East Line of Section 17 Township 24-N Range 5-W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1161, El Paso, Texas 79758					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 17	Twp. 24N	Rge. 5W	Is gas actually connected? Yes	When Unknown

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		<input checked="" type="checkbox"/>						
Date Spudded 4-19-61	Date Compl. Ready to Prod. 10-13-78		Total Depth 6885'		P.B.T.D. 6799'			
Elevations (DF, RKB, RT, GR, etc.) 6600' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6673'		Tubing Depth 6654'			
Perforations 6673' - 6742'					Depth Casing Shoe 6845'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" - 24#		228'		225			
6-3/4"	4-1/2" - 11.5 & 9.5#		6799'		585			
	2-3/8"		6654'					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
750	24 Hours	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	600#	-	30/64"

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.

[Signature]
(Signature)

Area Engineer
(Title)

10-16-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

Original Signature of Supervisor

BY _____ SUPERVISOR DIST. #3

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 multiple completed wells.