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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
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

I. 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	<input type="checkbox"/>	Change in Transporter of:			Change in ownership effective 8-1-66,	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas		<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate		<input type="checkbox"/>

If change of ownership give name and address of previous owner **British-American Oil Producing Company, P. O. Box 474, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE **WELL IS TEMPORARILY ABANDONED**

Lease Name Apache Federal	Well No. 8	Pool Name, including Formation Otero Gallup	Kind of Lease State, Federal or Fee Indian	Lease No.
Location				
Unit Letter D	990	Feet From The north	Line and 990	Feet From The west
Line of Section 8	Township 24N	Range 5W	NMPM, Rio Arriba	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"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, N.M.				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1161, El Paso, Texas				
If well produces oil or liquids, give location of tanks. P	Unit 8	Sec. 24N	Twp. 5W	Range Yes	Is gas actually connected? 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 Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, R&B, 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	Casing Pressure	Choke Size	
Actual Prod. During Test	Water-Bbls.	Gas-MCF	
GAS WELL			
Actual Prod. Test-MCF/D	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pilot, back pr.)	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.

Ares Production Manager
(Signature)
8-1-66
(Date)

OIL CONSERVATION COMMISSION
AUG 3 1966
APPROVED _____, 19____
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #8**

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.