NO. OF COPIES RECEIVED		10	
DISTRIBUTION			
SANTA FE		/	
FILE		1	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		7	

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
FILE / L	1	AND		
U.S.G.S.	_ AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	45	
TRANSPORTER DIL				
GAS	_			
PRORATION OFFICE	_			
Operator Gulf Oil Comparation	i			
Address				
P. V. Best 670, Hobbs		Other (Please explain)		
Reason(s) for filing (Check proper bo	Change in Transporter cf:	,	in effective 8-1-41	
Recompletion	Oil Dry Gas	Was Dan's West Si	ip effective 8-1-61 eti Unit Well No.	
Change in Ownership :	Casinghead Gas Condens	sate		
If change of ownership give name and address of previous owner	Brotish-Assetion (H.) Pro	Anding Coupery, P. 0 3c	z 47k, Midlard, Tessas	
I. DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo	State Federal	Lease No.	
Location	Bieti wer G		crree Padarul	
Unit Letter B : 19	Feet From The north Line	e and 660 Feet From T	he west	
omt Letter		_		
Line of Section T	ownship 2511 Range	131 , NMPM, Sea	County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	s		
Name of Authorized Transporter of O	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)	
Calf luffanny Compan		Address (Give address to which approve	Translated from is to be sent)	
Name of Authorized Transporter of C		****************	*******	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.		No		
If this production is commingled w. COMPLETION DATA	vith that from any other lease or pool, g	give commingling order number: New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Designate Type of Complet		l l		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		······································		
	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	02.111021		
		ter recovery of total volume of load oil a	-d -ver he equal to or exceed top allow	
V. TEST DATA AND REQUEST :	FOR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method /Flow, pump, gas life	t, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	. ability Problems			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
		arii (A)		
		CEL FIATO		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensation 1966	Gravity of Condensate	
Acidal (100) 100 more			760.	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sharath)	Chole Size	
		OIL CIETA	ION COMMISSION	
I. CERTIFICATE OF COMPLIA	NCE	11	Alla o	
	d completions of the Oil Conservation		AUG - 3 1966 . 19	
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 Emery C. Arnold		
above is true and complete to t	ne best of my knowledge and belief.	SLIPER	VISOR DIST. #3	
		11166		
		This form is to be filed in c	compliance with RULE 1104.	
			able for a newly drilled or deepened nied by a tabulation of the deviation	
•	gnature)	tests taken on the well in accor	dance with RULE !!!.	
	Title)	All sections of this form musable on new and recompleted we	st be filled out completely for allow- lis.	
	9-46	Fill out only Sections I. II	, III, and VI for changes of owner, en or other such change of condition.	

(Date)

able 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.