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

	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			
ŀ	SANTA FE	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and C- Effective 1-1-65			
}	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	245	
Ì	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	A3	
ŀ	TRANSPORTER OIL /				
	GAS /				
	OPERATOR 6				
1.	PRORATION OFFICE Operator				
	Gulf Oil Corporation				
	Address				
	P. O. Box 670, Hobbs	·	Other (Please explain)		
	Reason(s) for filing (Check proper box)  New Well	Change in Transporter of:	, , , , , , , , , , , , , , , , , , , ,	hip effective bal-66,	
	Recompletion	Oil Dry Gas		Hati Unit No. 1	
	Change in Ownership	Casinchead Gas Conden	f 1 1		
	If change of ownership give name and address of previous owner	British-American Oll P.	reducing Company, P. O.	Box 474, Midland, Tooks	
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	West Risti Unit	161 Mari Leasur (	State, Federa	cr Fee Pricere?	
,	Location				
	Unit Letter ;	Feet From The north Line	e and Feet From '	The cast	
	To.	mship <b>251</b> Range	1 W , NMPM,	Son Angre County	
	Line of Section Tow	Manage			
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approx	ned copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	- TURUNIU PIPCLII	NĖ.		
	Name of Authorized Transporter of Cas		Address (Give address to which approx	ved copy of this form is to be sent)	
	El Paso Hatural Ces		P. O. Box 1161, Et F	Page Transport	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en	
	give location of tanks.	A 1 25N 13W	Yes	1-1-60	
	If this production is commingled wit	h that from any other lease or pool,			
• • •	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
		1	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depti.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations			Depth Cusing shoe	
		TURING CASING AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	The state of the s	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.	TEST DATA AND REQUEST FOIL WELL	able for this de	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Total	Tubing Pressure	Casing Pressure	/cHLULIVED \	
	Length of Test				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	दम्भिक्टा 1966	
				VOIL CON. COM.	
	DIST. 3				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Acida, i.ea. i.ea.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANCE				ATION COMMISSION	
			APPROVED AUG - 3 1966 Original Signed by Emery C. Artsold		
	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	DA TITTO-1	
			SUPE	RVISOR DIST. #3	
			TITLE		
	110/60	/ // 1	This form is to be filed in	compliance with RULE 1104.	
		Or Cland		wable for a newly drilled or deepened anied by a tabulation of the deviation	
	(Signature)		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. (Title)

7-28-66 (Date)

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