

NO. OF COPIES RECEIVED	
DIVISION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-114
Effective 1-1-65

Operator <i>Gulf Oil Corp.</i>	
Address <i>P.O. Box 670 Hobbs, NM 88240</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name <i>West Bisti Unit</i>	Well No. <i>141</i>	Pool Name, including Formation <i>Bisti Lower Gailings</i>	Kind of Lease State, <u>Federal</u> or Fee <i>078091</i>
Location Unit Letter <i>0</i> : <i>660</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>East</i>			
Line of Section <i>28</i> Township <i>26N</i> Range <i>13W</i> , NMPM, <i>San Juan</i> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1887, Bloomfield, NM 87413</i>		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1492, El Paso, TX 79978</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>0</i>	Sec. <i>35</i>	Twp. <i>26N</i>
	Rge. <i>13W</i>	Is gas actually connected? <i>Yes</i>	When <i>Unknown</i>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Restv. P.H. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, R.R., RT, CR, 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

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 WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate (CF)	Gravity of Condensate
Testing Method (puck, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____ BY <i>Frank J. [Signature]</i> SUPERVISOR DISTRICT # 3	
TITLE _____		AUG 10 1984	
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 available tests taken on the well in accordance with RULE 111.			
All sections of this form must be filled out completely for allowable to be considered complete.			
Fill out only Section I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of available.			