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| U.S.G.S.               |     |          |      |
| LAND OFFICE            |     |          |      |
| I RANSPORTER           | OIL | $\Box$   |      |
|                        | GAS |          |      |
| OPERATOR               |     | 4        |      |
| PRORATION OFFICE       |     | T        |      |
|                        |     |          |      |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

|   | U.S.G.S. LAND OFFICE   | AUTHORIZATION TO TRA                          | ANSPORT OIL AND NATURAL  | GAS  |  |  |
|---|--|---|--|--|--|--|
|   | TRANSPORTER OIL / GAS /  | TRANSPORTER CHANGE<br>OIL COMPANY TO SH       | ELL PIPE LINE  |  |  |  |
|   | OPERATOR (/  | CORPORATION EFFECT                            |  |  |  |  |
| I.  | PRORATION OFFICE / Operator  |   |  |  |  |  |
|   | Gulf Cil Corporation Address   |   |  |  |  |  |
|   | P. O. Box 670, Hobbs, New Mexico 88240   |   |  |  |  |  |
|   | Reason(s) for filing (Check proper box   | •   | Other (Please explain)   |  |  |  |
|   | New Well Recompletion  | Change in Transporter of:                     | Chance in pil  | transporter effective                                  |  |  |
|   | Change in Ownership  | Oil Pry Go Casinghead Gas Conder              | June 12 1067   | menuharan priecersa                                    |  |  |
|   | If change of ownership give name and address of previous owner   |   |  |  |  |  |
| 11.   | DESCRIPTION OF WELL AND  | LEASE   |  |  |  |  |
|   | Vest Bisti Unit  | Well No. Pool Name, Including F Risti Lover G |  | Page 1401  |  |  |
|   | Location   | 123 mst. Lover G                              | State, Feder   | al or Fee Federal 978091                               |  |  |
|   | Unit Letter C ; 660 Feet From The Kerth Line and 1980 Feet From The Nest.  |   |  |  |  |  |
|   | Line of Section Tov  | waship 26N Range 13                           | W , NMPM, San  | Juan County  |  |  |
| III.  | DESIGNATION OF TRANSPORT   | TER OF OIL AND NATURAL GA                     | ıs   |  |  |  |
|   | Name of Authorized Transporter of Cill Shell Oil Company   | _   | P. C. Box 1586, Farm   | ington, New Mexico                                     |  |  |
|   | Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso latural Gas Campany  |   | P. U. Box 1161, El Paso, Texas   |  |  |  |
|   | If well produces oil or liquids, give location of tanks.   | Unit Sec. Typ. Rge. 35 20N 13V                | Is gas actually connected? W?  | unknown  |  |  |
|   | If this production is commingled wit COMPLETION DATA   | th that from any other lease or pool,         | give commingling order number:   |  |  |  |
|   | Designate Type of Completion   | on - (X)                                      | New Well Workover Deepen   | Plug Back   Same Res'v.   Diff. Res'v.                 |  |  |
|   | Date Spudded   | Date Compl. Ready to Prod.                    | Total Depth  | P.B.T.D.   |  |  |
|   | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                   | Top Oil/Gas Pay  | Tubing Depth   |  |  |
|   | Perforations   |   | <u> </u>   | Depth Casing Shoe                                      |  |  |
| TUBING, CASING, AND CEMENTING RECORD  |  |   |  |  |  |  |
|   | HOLE SIZE  | CASING & TUBING SIZE                          | DEPTH SET  | SACKS CEMENT   |  |  |
|   |  |   |  |  |  |  |
|   |  |   |  | +  |  |  |
|   |  |   |  |  |  |  |
| V.  | TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be 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 l  | y. doe   |  |  |
|   | Length of Test   | Tubing Pressure                               | Casing Pressure  | Choke Size   |  |  |
|   | Actual Prod. During Test   | Oil-Bbls.                                     | Water - Bbls.  | Ges-MCF  |  |  |
|   |  |   |  |  |  |  |
| ļ   | GAS WELL Actual Prod. Test-MCF/D   | Length of Test                                | Bbls. Condensate/MMCF  | Gravity of Condensate                                  |  |  |
|   |  |   |  |  |  |  |
|   | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                     | Casing Pressure (Shut-in)  | Choke Size   |  |  |
| VI.   | CERTIFICATE OF COMPLIANCE  | RTIFICATE OF COMPLIANCE                       |  | OIL CONSERVATION COMMISSION                            |  |  |
|   | I haveby carrify that the cules and c  | regulations of the Oil Conservation           | JUN 2 2 1967   |  |  |  |
| I hereby certify that the rules and regulations of the Oil Conse<br>Commission have been complied with and that the information<br>above is true and complete to the best of my knowledge and |  |   | Original Signed by Emery C. Arnold   |  |  |  |
|   | above is time and complete to the  | seer or my knowledge slid batter.             | SUPERVISOR DIST: #3  |  |  |  |
| 00000   |  |   | TITLE  |  |  |  |
|   | WHY Inlla  | J.)   | 1  | This form is to be filed in compliance with RULE 1104. |  |  |
| Area Production Hunsger   |  |   | 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. |  |  |  |

(Title)

(Date)

June 21, 1967

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.

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.





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