and the same						
NO. OF COPIES RECEIVED						
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SANTA FE		1				
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LAND OFFICE						
TRANSPORTER	OIL	1				
	GAS	1				
OBERATOR	OB.					

_	and the					
	DISTRIBUTION SANTA FE FILE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS /	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
1.	PRORATION OFFICE					
-	Operator Oulf Oil Corporation Address		:			
	Bax 670, Hobbs, New Me	rico 882h0	101 (01			
	Reason(s) for filing (Check proper box) New Well	Change in Transp <u>orte</u> r of:	Other (Please explain)			
	Recompletion	Oil Dry Gas		ter, effective 3-1-57		
	Change in Ownership	Casinghead Gas Condens	ate [_]			
	and address of previous owner DESCRIPTION OF WELL AND L	FASF				
11.	Lease Name West Bisti Vinit	Well No. Pool Name, Including For 109 Bisti Lower (a)	rmation Kind of Lease State, Federal of	Lease No. N4-013492		
	Location Unit Letter # ; 198	O Feet From The north Line	and 660 Feet From Th	e east		
	Line of Section 20 Town	nship 26-N Range	13-W , NMPM, San Ja	County		
Ш.	DESIGNATION OF TRANSPORT	TR OF OIL AND NATURAL GAS	Aidress (Give address to which approve	d copy of this form is to be sent)		
	Gulf Refining Company		Box 1150, Midlend, Texas Address (Give address to which approved copy of this form is to be sent)			
	Kl Pago Naturel Ges Company		Box 1161, Bl Paso, Texas			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. J 20 26-N 13-W	Yes	Unknown		
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completio					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oi:/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE					
				OH		
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil a	nd must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test OTHER THE ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
			Casing Pressure	Choke SIA DIST. 3		
	Length of Test	Tubing Pressure	Coarno Pressure			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	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 COMPLIAN	CE		TION COMMISSION		
•			FEB 2 1 1967			
	Commission bear nomplied t	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.				
	10 R. () 0		TITLE This form is to be filed in compliance with RULE 1104.			
		(Signature)		If this is a request for allowable for a newly drilled or deepened		
	Area Production Manag	ter	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			
	February 21, 1967	itle)				
			Separate Forms C-104 mus completed wells.	f oe mied for each boot in municiply		

Oulf Oil Corporesion

Hom 670, Hobbs, New Hextee 36210

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West Bis C. Unit

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Area Production Manager

February 21, 1967