

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Gulf Oil Corporation
 Address
P. O. Box 670, Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain)
Change in Ownership effective 7-1-78
 If change of ownership give name and address of previous owner
Kewanee Oil Company, P. O. Box 3786, Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **State NM-1** Well No. **1** Pool Name, including Formition **Tulk Penn** Kind of Lease **State, ~~Oil~~ ~~Gas~~ ~~Condensate~~** Lease No. **L-522**
 Location
 Unit Letter **C**; **660** Feet From The **North** Line and **1980** Feet From The **West**
 Line of Section **27** Township **14S** Range **32E**, NMPM, **Lea** Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, TX 77001
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1589, Tulsa, OK 74101
 If well produces oil or liquids, give location of tanks. Unit **C** Sec. **27** Twp. **14S** Rge. **32E** Is gas actually connected? **Yes** When **10-1-75**

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

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Resrv. Diff. Res.
 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 _____ 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 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-Bole. _____ Water-Bole. _____ Gas-MCF _____

GAS WELL
 Actual Prod. During Test _____ Length of Test _____ H2O Condensate/MCF _____ Gravity of Condensate _____
 Tubing Pressure (Shut-In) _____ Casing Pressure (Shut-In) _____ Choke Size _____

VI. CERTIFICATE OF COMPLIANCE
 I hereby certify that the well and operations of the Oil Conservation Commission are in compliance with the rules and regulations of the Commission, and that the completion given above is true to the best of my knowledge and belief.
 H. B. [Signature]
 Area Engineer
 July 17, 1978

OIL CONSERVATION COMMISSION
 APPROVED [Signature] 15
 Orig. Signed by
 Jerry [Signature]
 Dist. L. Supv.
 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 Commission shall be accompanied by a tabulation of the deviated formations of the well in accordance with RULE 111.
 This request for allowable shall file out completely for all the formations of the well.
 This form is to be filed in compliance with RULE 1104, 111, 112, 113, and 114 for changes of ownership, name, or transportation, or other such change of conditions.
 Separate Form C-104 must be filed for each pool in multiple completions.