

DISTRIBUTION	
SA	TA FE
FI	E
G.S.	
LI	ID OFFICE
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110  
Effective 1-1-65

Operator  
**Gulf Oil Corporation**

Address  
**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) *Temporary*  
**Permission requested to commingle this production with Bowers, Hobbs (G.Sa), Hobbs Blinbery from the Grimes B lease with the Hobbs (G. Sa) production on the Grimes A Lease.**

If change of ownership give name and address of previous owner \_\_\_\_\_

THIS WELL HAS BEEN PLACED IN \_\_\_\_\_  
 DESIGNATED BELOW. IF YOU DO NOT CONCUR  
 NOTIFY THIS OFFICE.

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>W. D. Grimes (NCT-B)</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>Under-Hobbs Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
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Location  
 Unit Letter **H** ; **2116** Feet From The **North** Line and **600** Feet From The **East**  
 Line of Section **33** Township **18-S** Range **38-E** , NMPM, **Lea** County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipe Line Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1910, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Phillips Bldg., Odessa, Texas 79760</b>
If well produces oil or liquids, give location of tanks. Unit <b>F</b> Sec. <b>32</b> Twp. <b>18-S</b> Rge. <b>38-E</b>	Is gas actually connected? <b>Yes</b> When <b>2-14-75</b>

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 Res'v.	Diff. Res'v.
	<b>XX</b>		<b>XX</b>					
Date Spudded <b>12-29-74</b>	Date Compl. Ready to Prod. <b>2-14-75</b>	Total Depth <b>7100'</b>	P.B.T.D. <b>6935'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3642' GL</b>	Name of Producing Formation <b>Undesignated Drk.</b>	Top Oil/Gas Pay <b>6654'</b>	Tubing Depth <b>6624'</b>					
Perforations <b>6654' to 6850'</b>			Depth Casing Shoe <b>7100'</b>					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17-1/2"</b>	<b>13-3/8"</b>	<b>398'</b>	<b>450 sacks (Circulated)</b>
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>3960'</b>	<b>1750 sacks (Circulated)</b>
<b>8-3/4"</b>	<b>7"</b>	<b>7100'</b>	<b>470 sacks (TOC at 2510')</b>
	<b>2-7/8"</b>	<b>6624'</b>	

**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 <b>2-14-75</b>	Date of Test <b>2-15-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>21-1/2 hours</b>	Tubing Pressure <b>375 to 425#</b>	Casing Pressure <b>--</b>	Choke Size <b>21/64"</b>
Actual Prod. During Test <b>202 barrels</b>	Oil - Bbls. <b>132</b>	Water - Bbls. <b>70</b>	Gas - MCF <b>440</b>

**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

**CERTIFICATE OF COMPLIANCE**

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.

*B. J. Barbut*  
(Signature)  
**Area Engineer**  
(Title)  
**February 17, 1975**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED *[Signature]* 19 **1975**

BY *[Signature]*  
**SUPERVISOR DISTRICT I**

TITLE \_\_\_\_\_

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 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.