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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

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	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLOWABLE  AND  Form C-104  Supersedes Old C-104 and C-1  Effective 1-1-65				
	FILE					
	U.S.G.S.	-				
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	TRANSPORTER OIL	<del>-</del>				
	OPERATOR GAS					
1.	PRORATION OFFICE					
	Operator  Galf Oil Corporation	a				
	Address					
	Bex 670, Hebbs, N.M.					
	Reason(s) for filing (Check proper box New We!1	Change in Transporter of:	Other (Please explain)	And the second s		
	Recompletion	Oil Dry Ga	Converted water	injection well to		
	Change in Ownership	Casinghead Gas Conder	Dreducer			
	If change of ownership give name			and the second second		
	and address of previous owner					
II.	DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.   Pool Name, Including Fe	ormation Kind of Lease	Lease No.		
	West Pearl Queen Uni	t 154 Pearl Gueen	State, Federa			
	Location					
	Unit Letter F; 19	Feet From The Lin	e andFeet From 7	The west		
	Line of Section 31 To	wnship 198 Range 3	5E , NMPM, Lea	County		
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)		
	Shell Pipeline Corpo		Box 1910, Midland, Tex	ms 79701		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)		
	Phillips Petalesan Co	Unit Sec. Twp. Rge.	Phillips Bailding, Ode Is gas actually connected? Who	188a, Temas 79760		
	If well produces oil or liquids, give location of tanks.	G 11 198 35B	Is gas actually connected? Who	7. 7. 60		
			aire commination and a number.	12=14=70		
	COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	<del></del>		
- • •	Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v		
	Databask recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12-14-70	12-14-70	5026*	4733°		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Tay	Tubing Depth		
	Perforations	Queen	46431	Depth Casing Shoe		
	4643° to 4653°			147141		
		TUBING, CASING, AND	CEMENTING RECORD	11964 1196		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/4*	13-3/8**	1064	90 sacks (circulated)		
	11" to 1855*		4714	300 sacks		
	& 8-5/8" to 4714"	70				
	6-1/4" to 5028"		Tep at 4581, set at 50			
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 lij	ft, etc.)		
	12-3-70	12-14-70	Penn			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24	Oil - Bbls.	Water-Bbls.	Gas-MCF		
	Actual Prod. During Test		water - Bare.	GGB - MOI		
i	199	110	83			
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	T	Tubles Descript (Short 40)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdaing Pressure (Bilde-III)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
			ABBROVED DEC 15	1077		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19		
Commission have been complied with and the above is true and complete to the best of m		with and that the information given e best of my knowledge and belief.	BY W.	Kingan		
			Geologist			
	ADICINAL SICA	IEC BY	TITLE			
	ORIGINAL SIGNED BY C. D. BORLAND			compliance with RULE 1104. Vable for a newly drilled or deepene		
-	(Sign	nature)	well, this form must be accompa	nied by a tabulation of the deviation		

Area Production Manager (Title)

12-14-70

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply

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OIL CONSERVATION COMM. HOBBS. N. 14.