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U.S.G.S.	
LAND 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

**I. OPERATOR**  
Operator W. K. Byrom  
Address Box 147 - Hobbs, N. M. 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) **CASINGHEAD GAS MUST NOT BE  
FLOWED ABOVE 6/1/76  
UNLESS AN EXCEPTION TO R-4076  
IS OBTAINED**

If change of ownership give name and address of previous owner Summit Energy - 1925 Mercantile Dallas Bldg1 - Dallas, Texas 75201

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Gulf Hill</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Undesignated Grayburg</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>W</u> Line and <u>3300</u> Feet From The <u>S</u> Line of Section <u>4</u> , Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County			

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 - Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>4</u>	Twp. <u>21</u>	Rge. <u>37</u>	is gas actually connected? <u>no</u>	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <u>1-20-76</u>	Date Compl. Ready to Prod. <u>4-1-76</u>		Total Depth <u>6009</u>		P.B.T.D. <u>4120</u>			
Pool <u>Undesignated</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>3909</u>		Tubing Depth <u>3853</u>			
Perforations <u>3909, 3928, 3936, 3951, 3968, 3972, 4001, 4010 and 4019</u>					Depth Casing Shoe <u>6009</u>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8</u>		<u>177</u>		<u>200</u>			
<u>11 3/4</u>	<u>8 5/8</u>		<u>2951</u>		<u>2100</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>6009</u>		<u>700</u>			

**V. 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 <u>3-28-76</u>	Date of Test <u>3-31-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>20</u>	Casing Pressure <u>packer</u>	Choke Size <u>1"</u>
Actual Prod. During Test <u>11</u>	Oil-Bbls. <u>10</u>	Water-Bbls. <u>1</u>	Gas-MCF <u>tsttm</u>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**VI. CERTIFICATE OF COMPLIANCE** 5

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.

W. K. Byrom  
(Signature)

Geologist  
(Title)

4-5-76  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED APR 5 1976, 19

BY [Signature]  
TITLE [Signature]

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 Sections I, II, III, and VI only 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 completed wells.