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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-105
Effective 1-1-65

Operator GULF OIL CORPORATION		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11/19/78</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) Request temporary permission to surface commingle Wantz Granite Wash with Tubb, Drinkard, Blinebry & Wantz Abo under PC
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

**THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark	Well No. 11	Pool Name, including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A : 430 Feet From The North Line and 960 Feet From The East Line of Section 3 Township 22-S Range 37-E , NMPM, Lea 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3	Twp. 22S	Rge. 37E	Is gas actually connected? No	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-16-78	Date Compl. Ready to Prod. 9-19-78		Total Depth 7618'		P.B.T.D. 7566'			
Elevations (DF, RKB, RT, GR, etc.) 3393' GL	Name of Producing Formation Granite Wash		Top Oil/Gas Pay 7279'		Tubing Depth 7236'			
Perforations 7279' - 7380'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" - 24.0#		1143'		550 - Circulated			
7-7/8"	5-1/2" - 15.5#		7618'		1875 - Circulated			
	2-3/8"		7236'					

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 9-19-78	Date of Test 9-19-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 500#	Casing Pressure -	Choke Size 18/64"
Actual Prod. During Test 220 bbls	Oil-Bbls. 220	Water-Bbls. 0	Gas-MCF -

Corr Gvty: **36.1°**

GAS WELL

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

VI. 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.

N. P. Sikes Jr.
(Signature)

Area Engineer

(Title)

09-20-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 22 1978**, 19

BY **[Signature]**
TITLE **SUPERVISOR IN CHARGE**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.