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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
O.C.C.  
11 21 11:55

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. **Gulf Oil Corporation**  
Address: **P. O. Box 980, Kermit, Texas**  
Reason(s) for filing (Check proper box) ☐ New Well ☐ Change in Transporter of Oil ☐ Other (Please explain) **Request temporary authority to commingle production between the Fusselman and Tubb-Drinkard in the Justis Field as intermediate grade crude effective 12-1-65, pending commingling order.**  
If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**  
Lease Name: **Arnett Ramsay** Well No.: **11** Pool Name, including Permission: **Justis Tubb-Drinkard** Kind of Lease: **State**  
Location: **Unit Letter F 1980 Feet From The North Line and 1980 Feet From The East**  
Line of Section: **36** Township: **25S** Range: **37E** Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) **Texas-New Mexico Pipe Line Corp. Box 1510, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) **El Paso Natural Gas Company Box 1384, Jal, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit: **A** Sec.: **36** Twp.: **25S** Rge.: **37E** Is gas naturally separated? **Yes** When: **12-8-61**

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 ☐ Same Rest'v. ☐ Diff. Rest'v.  
Date Spudded: Date Compl. Ready to Prod.: Total Depth: **12-8-61**  
Name of Producing Formation: Top Oil/Gas Pay: **12-8-61**  
Depth Casing Shoe:  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Flow: Date of Test: Producing Method (Flow, pump, gas lift, etc.):  
Length of Test: Shut-in Pressure: Casing Pressure: Choke Size:  
Actual Flow during Test: Oil-Bbls.: Water-Bbls.: Gas-MCF:  
GAS WELL  
Actual Flow Test-MCF: Length of Test: Bbls. Condensate-MCF: Gravity of Condensate:  
Shut-in Pressure (plug, back pr.): Shut-in Pressure: Casing Pressure: 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.  
**W. W. Whitaker**  
(Signature) **Area Engineer**  
(Title)  
**November 23, 1965**  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 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.