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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

JUL 16 4 16 PM '65

I. Operator **Gulf Oil Corporation**  
 Address **P. O. Box 670, Hobbs, New Mexico**  
 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) **To change well number - formerly West Pearl Queen Unit No. 29-6 West Pearl Queen Unit "29" Well No. 60**  
 If change of ownership give name and address of previous owner **WATER INJECTION WELL**

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **West Pearl Queen Unit** Well No. **112** Pool Name, including Formation **Pearl Queen - Queen** Kind of Lease **State, Federal or Fee** Fee  
 Location  
 Unit Letter **F**; **1980** Feet From The **north** Line and **1980** Feet From The **west**  
 Line of Section **29**, Township **19S** Range **35E**, NMPM, **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)  
**Water Injection Well**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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: Sec. Twp. Rge. Is gas actually connected? When

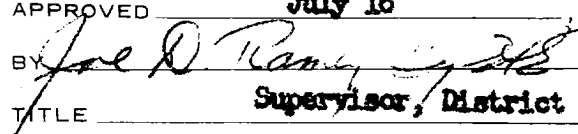
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deeper Plug Back Same Res'v. Diff. Res'v.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
 Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
 Perforations 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 New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
 Length of Test Tubing Pressure Casing Pressure Choke Size  
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL  
 Actual Prod. Test-MCF/D Length of Test Ebls. Condensate/MMCF Gravity of Condensate  
 Testing Method (pitot, back pr.) Tubing 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.  
  
 (Signature)  
**Area Production Manager**  
 (Title)  
**July 15, 1965**  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED **July 16**, 19 **65**  
 BY   
 TITLE **Supervisor, District #1**  
 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.