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LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUL 7 3 27 PM '66

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

I. Operator <b>Gulf Oil Corporation</b>	
Address <b>Box 670, Hobbs, N.M.</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>Well was previously temporarily abandoned.</b>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE		
Lease Name <b>West Pearl Queen Unit</b>	Well No. <b>4819</b> Pool Name, Including Formation <b>Pearl Queen - Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>C</b> : <b>660</b> Feet From The <b>south</b> Line and <b>1900</b> Feet From The <b>east</b> Line of Section <b>30</b> , Township <b>19S</b> Range <b>35E</b> , NMPM, <b>Lee</b> 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"/> <b>Shell Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1910, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1549, Tulsa, Oklahoma</b>
If well produces oil or liquids, give location of tanks.	Unit <b>B</b> Sec. <b>32</b> Twp. <b>19S</b> Rge. <b>35E</b> Is gas actually connected? <b>Yes</b> When <b>7-1-66</b>

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 checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input checked="" type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudied <b>6-10-60</b>	Date Conn. Ready to Prod. <b>Completed 6-10-60 Reopened 5-5-66</b>	Total Depth <b>5075'</b>	P.B.T.D. <b>Old 4819' New 5062'</b>
Pool <b>Pearl Queen</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Sec Pay <b>4819'</b>	Tubing Depth <b>5026'</b>
Perforations <b>4819-5042</b>	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <b>5070'</b>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8-5/8"</b>	<b>140'</b>	<b>100</b>
<b>6-3/4"</b>	<b>4-1/2"</b>	<b>5070'</b>	<b>250</b>
	<b>2-3/8"</b>	<b>5026'</b>	<b>—</b>

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 <b>7-1-66</b>	Date of Test <b>7-1-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size <b>2" W0</b>
Actual Prod. During Test <b>88</b>	Oil-Bbls. <b>15</b>	Water-Bbls. <b>73</b>	Gas-MCF <b>—</b>

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
Original signed by <b>C. C. Von Hn</b> (Signature) <b>District Drilling Engineer</b> (Title) <b>7-6-66</b> (Date)		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.	