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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

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

July 15 4 24 PM '65

I. OPERATOR

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:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): To change well number - formerly Northwestumont Unit No. 22-16 Northwestumont Unit "22" Well No. 160

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Northwestumont Unit</u>	Well No. <u>132</u>	Pool Name, including Formation <u>umont - Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u>			
Line of Section <u>22</u> , Township <u>19S</u> Range <u>36E</u> , NMPM, <u>100</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>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Harran Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1509, Tulsa, Oklahoma</u>
It well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>22</u> Twp. <u>19S</u> Rge. <u>36E</u>	is gas actually connected? <u>Yes</u> When <u>Unknown</u>

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 Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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 loud 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	Bbls. 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]
(Signature)

Area Production Manager
(Title)

July 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED July 15, 1965

BY [Signature]

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.