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TRANSPORTER	OIL GAS
OPERATOR	
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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 17 4 19 PM '65

**NAME CHANGE
ATLANTIC P.L. CO.
TO
ARCO P.L. CO.
EFF. 1-1-71**

I. OPERATOR
Operator: **Gulf Oil Corporation**
Address: **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 Northwest Summit Unit No. 33-10 Northwest Summit Unit "33" Well No. 100**

II. DESCRIPTION OF WELL AND LEASE
Lease Name: **Northwest Summit Unit** Well No.: **157** Pool Name, Including Formation: **Summit - Queen** Kind of Lease: **Fee**
Location: Unit Letter **J**; **1650** Feet From The **south** Line and **1650** Feet From The **east** Line of Section **33**, Township **19S** Range **36E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Atlantic Refining Co. Pipeline Co. Address (Give address to which approved copy of this form is to be sent): **Box 1190, Midland, Texas**
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent): **Box 1589, Tulsa, Oklahoma**
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **33** Twp. **19S** Rge. **36E** Is gas actually connected? **Yes** When **Unknown**

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.
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

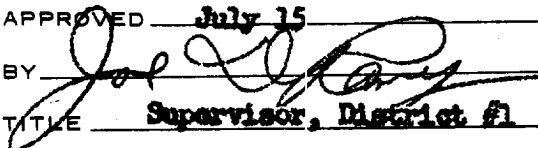
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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)
Area Production Manager
(Title)
July 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED July 15, 1965
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.

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