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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Operator
Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change In Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change In Ownership

Abandoned Eumont, Now Singled

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				Kind of Lease	Lease No.
Lease Name	Well No.	Pool Name, including Formation	State, Federal or Fee	State	A-1543-1
Graham State (NCT-G)	1	Eunice Monument			
Location					
Unit Letter		Feet From The	Line and	Feet From The	
0	660	South	1980	East	
Line of Section	Township	Range	NMPM, Lea		County
17	19S	37E			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line Corporation			Box 1910, Midland, TX 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation			Box 1589, Tulsa, OK 74100		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	I	17	19S	37E	Yes Unknown
If this production is commingled with that from any other lease or pool, give commingling order number:					R-663

COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
							Same Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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

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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

R.D. Pite
(Signature)

Area Engineer
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Les Clements**
TITLE **Oil & Gas Insp.**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of a well's status or other such change of well.