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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-
Effective 1-1-65

I. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, New Mexico 88240
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)
Request for allowable and permission to temporarily commingle with other Eun Mor and Mon Bl production on this lease
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Graham State (NCT-F)	Well No. 7	Pool Name, including Formation Monument Abo	Kind of Lease State, Federal or Fee State	Lease No. A-1543-
Location Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line of Section 36 Township 19-S Range 36-E, NMPM, Lea 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 36 Twp. 19-S Rge. 36-E	Is gas actually connected? When Yes 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) XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Surface Recompleted 12-30-78	Date Compl. Ready to Prod. 12-30-78	Total Depth 7700'	P.B.T.D. 7690'					
Elevations (DF, RKB, RT, GR, etc.) 3577' GL	Name of Producing Formation Abo	Top Oil/Gas Pay 7522'	Tubing Depth 7673'					
Perforations 7522', 7542', 7599', 7604', 7622', 7631', 7639', 7654', 7662', 7673' & 7687' 7699'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18"	13-3/8" 48#		307'		375 sacks (Circ)			
11"	9-5/8" 36#		2899'		1750 sacks (Circ)			
8-3/4"	7" 20 & 23#		5724'		500 sacks (TOC at 2900')			
6-1/2"	4-1/2" 11.60# (liner) top at 4956', set 7699' 340 sx (Toc at 4956')							

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12-30-78	Date of Test 1-9-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size 2"
Actual Prod. During Test 80 barrels	Oil-Bbls. 48	Water-Bbls. 32 (Load)	Gas-MCF 183

GAS WELL

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

U. S. Liker Jr.
(Signature)
Area Engineer
(Title)
January 9, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 12 1979, 19____
BY John W. Rung
TITLE Geologist

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 only Sections I, II, III, and VI 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 multiple completions.