

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND OGB'S OFFICE D.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 11 4 30 PM '69

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

I. Operator
Gulf Oil Corporation
 Address
Box 670, Hobbs, New Mexico 88240

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

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate **New Well**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Pearl Queen Unit	Well No. 164	Pool Name, Including Formation Pearl Queen	Kind of Lease State, Federal or Fee State	Lease No. E-5886
Location				
Unit Letter F ; 1325 Feet From The North Line and 2635 Feet From The West				
Line of Section 32 Township 19-S Range 35-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			
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			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 19-S	Rge. 35-E
Is gas actually connected? Yes				When 6-3-69

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-15-69	Date Compl. Ready to Prod. 6-10-69		Total Depth 5055'		P.B.T.D. 5016'			
Elevations (DF, RKB, RT, GR, etc.) 3726' GL	Name of Producing Formation Queen		Top Oil/ Gas Pay 4784'		Tubing Depth 5002'			
Perforations 5008-09', 4933-34' & 4784-85'				Depth Casing Shoe 5054'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		381'		250 sacks (Circulated)			
7-7/8"	5-1/2"		5054'		400 sacks (TOC at 3065')			
	2-7/8"		5002'					

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 6-1-69	Date of Test 6-7-69	Producing Method (Flow, pump, gas lift, etc.) Tested while flowing - PE has now been installed	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 222	Oil-Bbls. 144	Water-Bbls. 78	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 (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.

ORIGINAL SIGNED BY
C. D. BORLAND

(Signature)

Area Production Manager

(Title)

June 11, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY **John W. Runyan**

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 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 multiply completed wells.