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U.S.G.S.	
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

Operator Summit Energy, Inc.  
 Address 112 N. First Street, Artesia, New Mexico 88210  
 Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership  Change in Transporter of: Oil  Gas  Casinghead Gas  Dry Gas  Condensate  Other (Please explain) **X** Change of Operating Name  
 If change of operator ~~operator~~ give name and address of previous ~~operator~~ Change of operating name to be effective August 1, 1970  
Western Oil Fields, Inc.

**DESCRIPTION OF WELL AND LEASE**  
 Lease Name Gulf Hill Well No. 3 Pool Name, including Formation Blinberry Kind of Lease Fee Lease No. \_\_\_\_\_  
 Location Unit Letter 0; 1980 Feet From The North Line and 1980 Feet From The East  
 Line of Section 4 Township 21S Range 37E, NMPM, Lea County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  Permian Corporation Address (Give address to which approved copy of this form is to be sent) Midland, Texas  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Skelly Oil Co. Address (Give address to which approved copy of this form is to be sent) Eunice, New Mex.  
 If well produces oil or liquids, give location of tanks. Unit S Sec. 4 Twp. 21 Rge. 37 Is gas actually connected? yes When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**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.		
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-Bbla.	Water-Bbla.	Gas-MCF

**GAS WELL**

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

**I. 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.

Paul White  
(Signature)  
Vice-President Production  
(Title)  
August 17, 1970  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Paul White  
 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.