

|                   |     |  |
|-------------------|-----|--|
| DISTRIBUTION      |     |  |
| SALE              |     |  |
| FILE              |     |  |
| G.S.              |     |  |
| FIELD 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

**I. OPERATOR**  
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:  
 Rec-completion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

**Change in gas transporter. Well reclassified to Blinebry Gas**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

|  |                      |   |   |           |
|--|----------------------|---|---|-----------|
| Lease Name<br><u>Rollon Brunson</u>  | Well No.<br><u>4</u> | Pool Name, Including Formation<br><u>Blinebry</u> | Kind of Lease<br>State, Federal or Fee <u>Fee</u> | Lease No. |
| Location<br>Unit Letter <u>G</u> ; <u>2086</u> Feet From The <u>North</u> Line and <u>1874</u> Feet From The <u>East</u><br>Line of Section <u>10</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County |                      |   |   |           |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |   |
|--|--|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |   |
| <u>Shell Pipe Line Corporation</u>   | <u>Box 1910, Midland, Texas 79701</u>                                    |   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |   |
| <u>Northern Natural Gas Co.</u>  | <u>Box 308, Omaha, Nebraska, 68101</u>                                   |   |
| If well produces oil or liquids, give location of tanks.   | Unit <u>G</u> Sec. <u>10</u> Twp. <u>22-S</u> Rge. <u>37-E</u>           | Is gas actually connected? <u>Yes</u> When <u>3-25-75</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: PC-317

**IV. COMPLETION DATA**

|                                    |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v. | <input type="checkbox"/> 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                  |                                      |                                       |

| 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    |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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.

[Signature]  
(Signature)  
Area Engineer  
(Title)  
March 24, 1975  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.

**RECEIVED**

MAR 2 1975

OIL CONSERVATION COMM.  
WASH, D. C.