

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

FEB 22 '90

O. C. D.
ARTESIA, OFFICE

file

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
C. D. Fulton

Well API No.

Address
P.O. Box 1121

Artesia N. M. 88210

Reason(s) for Filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Operator ☐
Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☒
Condensate ☐
Other (Please explain) ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Gulf State

Well No.
3

Pool Name, Including Formation
Square Lake GSA

Gulf Lease # *05837-20*

Kind of Lease
State Federal or Fee

Lease No.
B1162-0

Location
Unit Letter *D* : *990* Feet From The *N* Line and *990* Feet From The *W* Line
Section *23* Township *12S* Range *29E* , NM PM, *Eddy* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159 Artesia N. M. 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Continental Oil Co.

Address (Give address to which approved copy of this form is to be sent)
PO Box 2197 Houston Tx.

If well produces oil or liquids, give location of tanks.
Unit | Sec | Twp | Rge.
D | 2 | 12S | 29E

Is gas actually connected? *yes*
When? *12-10-76*

IV. 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
*Post ID-3
3-9-90
-chg 4T; TNM*

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 Tank

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

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
Signature
J. M. Starett
Printed Name
2/20/90
Date

Bookkeeper
Title
748-2621
Telephone No.

OIL CONSERVATION DIVISION

Date Approved *MAR 9 1990*

By *ORIGINAL SIGNED BY*
MIKE WILLIAMS
Title *SUPERVISOR, DISTRICT II*

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.