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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED
JAN 26 1978
O. C. C.
ARTESIA, OFFICE

Operator: Gulf Oil Corporation

Address: P. O. Box 670, Hobbs NM 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain): Change in Pool Designation
from El Paso Natural Gas Co.

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Littlefield EM Fed Com	1	North Shugart - Morrow	Fed	NM 12210

Location: Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 20 Township 18-S Range 31-E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ XX: Permian Corporation	Address (Give address to which approved copy of this form is to be sent): P. O. Box 3119, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ XX: Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent): P. O. Box 1589, Tulsa, OK 74103

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	20-18-S		31-E	yes	2-5-78 ~~8-29-77~~

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

(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)

OIL WELL

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**

Pool C 3 ... GT-WAR

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**

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.

N. R. Sikes, Jr
(Signature)
Area Engineer
(Title)
1-25-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB - 9 1978 , 19__

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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.