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**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: P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):
 New Well ☐ Change in Transporter of: ☐
 Recompletion ☐ Oil ☒ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain): Change in ownership effective 8-1-66. Was D-A's West Rind Unit Well No. 57

If change of ownership give name and address of previous owner: Union-American Oil Producing Company, P. O. Box 474, Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name: West Rind Unit	Well No.: 100	Pool Name, including Formation: Dist. Lower Gallup	Kind of Lease: State, Federal or Fee: Federal	Lease No.:
Location: Unit Letter: G, 1980 Feet From The north Line and 1980 Feet From The east Line of Section: 13 Township: 26N Range: 14W, NMPM, San Juan 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"/> Gulf Refining Company	Address (Give address to which approved copy of this form is to be sent): P. O. Box 1150, Midland, Texas
Name of Authorized Transporter of Casinghead Gas: <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent): P. O. Box 1161, El Paso, Texas
If well produces oil or liquids, give location of tanks: Unit: N Sec: 20 Twp: 26N Rge: 14W	Is gas actually connected? When: Yes Unknown

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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					

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

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG - 3 1966, 19____
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.