

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND 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 O&G C-104 and C-110
Effective 1-1-65

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	New Well
Incompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Scott "E" Federal	Well No. 14	Pool Name, including Formation W. Kutz Pictured Cliffs	Kind of Lease State, Federal or Free Federal	Lease No. SF-073089
Location				
Unit Letter A ; 795 Feet From The North Line and 825 Feet From The East				
Line of Section 22 Township 27N Range 11W, NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	Box 1492, El Paso, TX 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		No

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.
		XX	XX					
Date Spudded 11-5-80	Date Compl. Ready to Prod. 1-18-81		Total Depth 2175'		F.R.T.D. 2144'			
Elevations (DF, KKB, RT, GR, etc.) 6351' GL	Name of Producing Formation Picture Cliffs		Top Oil/Gas Pay 2022'		Testing Depth 2069'			
Perforations 2022'-2076'					Depth Casing Shoe --			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-3/4"	7"	90'	60
6 1/2"	2-7/8"	2175'	375

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed total 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 155	Length of Test 24 hrs	Bbls. Condensate/MCF mist	Gravity of Condensate 0
Testing Method (pilot, back pr.) flow	Tubing Pressure (Shut-in) 95#	Casing Pressure (Shut-in) 140#	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.

R. D. Pitzer
(Signature)

Area Engineer

(Title)

7-23-81

OIL CONSERVATION COMMISSION

APPROVED _____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #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.