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 LAND OFFICE _____
 TRANSPORTER OIL _____ GAS _____
 OPERATOR _____
 PROBATION 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
Gulf Oil Corporation
Box 670, Hobbs, New Mexico
 Reason(s) for filing (Check proper box) _____ Other (Please explain) _____
 Change in Transporter of: _____
 To change lease name and well number effective 6-1-65. Was Clifton #1

If change of ownership give name and address of previous owner **Tidewater Oil Co., Box 547, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE **Well is SI**

| | | |
|--|---|---|
| Lease Name South Ferrose Skelly Unit 4 | Well No. Pool Name, Including Formation 130 Ferrose Skelly - Grayburg | Kind of Lease State, Federal or Free Free |
| Section M 660 | Feet From The South Line and 660 | Feet From The West |
| Line of Section 4 | Township 22-S | Range 37-E , N.M.P.M., Lea 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"/> Shell Pipeline Corporation | Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas |
| Name of Authorized Transporter of Gas/Head Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company | Address (Give address to which approved copy of this form is to be sent) Box 1135, Durbin, New Mexico |
| If well produces oil or liquids, give location of tanks. Unit M Sec. 4 Twp. 22S Rge. 37E | Is gas actually connected? Yes When Unk |

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'tv. | Diff. Res'tv. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | D.B.T.D. | | | |
| Well | Name of Producing Formation | | Top Oil/Gas Pay | | Taking 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 from Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Details of Test | Flowing Pressure | Casing Pressure | Choke Size |
| Actual Flow During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|-----------------------------------|------------------|----------------------|-----------------------|
| Well No. & Test - MCF | Length of Test | Bbls. Condensate/GAS | Gravity of Condensate |
| Flowing Method (Flow, back prod.) | Flowing Pressure | Casing Pressure | 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]
 Area Production Manager
 (Title)
 May 13, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED May 21, 1965
 BY *[Signature]*
 TITLE Supervisor, District #1

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 Sections I, II, III, and VI only 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.