

NO. OF COPIES RECEIVED _____
 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
 O.C.

APR 1967

I. **Gulf Oil Corporation**
 Address: **P. O. Box 980, Kermit, Texas 79745**
 Reason(s) for filing (Check proper box) _____ Other (Please explain) _____
 New Well Change in Transporter of: Oil Dry Gas
 Reopening Gas Condensate
 Transfer of ownership **Effective Date 4-1-67**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arnott Ramsay NCT-F	Well No. Pool Name, Including Portion 10 Justis (Fusselman)	Kind of Lease State, Federal or Fee State
Location: Twp. Letter H ; 1650 Feet From The North Line and 660 Feet From The East	Line of Section 36 ; Township 25S Range 37E ; 38N 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 Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79704
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 1384, Jal, New Mexico 88252
If well produces oil or gas, level, amount or both: Unit G ; Sec. 36 ; Twp. 25S ; Rge. 37E	Is gas actually transported? Yes When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-9 2-6-67**

IV. COMPLETION DATA

Designate Type of Completion - (X) Old Well Ins Well New Well Workover Deepen Shut Back Same Restv. Diff. Restv.

Date of Test	Date Compl. Ready to Prod.	Total Depth	Flow Rate
Well	Name of Producing Formation	Top of Oil/Gas Flow	Flowing 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 of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Perforation Depth	Water-Pris.	Flow-MFP

Actual Perforation Depth	Length of Test	Obs. Condensate Yield	Gravity of Condensate
Producing Method (Spitout, back pr.)	Tubing Pressure	Casing Pressure	Flow Rate

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19
 BY *[Signature]*
 TITLE _____

Area Engineer

[Signature] **C. E. Fidler**

March 20, 1967

(Title)

(Date)

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.