

Form C-104
Revised 1-1-89
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Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

FEB 22 '90

file

District I
P.O. Box 1980, Hobbs, NM 88240

District II
P.O. Drawer DD, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator
C. D. Fulton

Address
P.O. Box 1131 Artesia N. M. 88210

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

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Gulf Stat

Well No.
2

Pool Name, Including Formation
Square Lake GSA

Kind of Lease
☒ State ☐ Federal or Fee

Lease No.
B1162-0

Location

Unit Letter *D* : *330* Feet From The *N* Line and *990* Feet From The *W* Line

Section *23* Township *17S* Range *29E* , NM/PM, *Eddy* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Continental Oil Co.

If well produces oil or liquids, give location of tanks.

Unit *D* Sec *2* Twp *17S* Rge. *29E*

Is gas actually connected? *- yes -*

When? *8-15-77*

IV. COMPLETION DATA

Designate Type of Completion - (X)

☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Off 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
Post IO-3
3-9-90
chg LIT: TMM

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 Tank 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/MthMCF Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

PM Stamp
Signature
P. M. Staerett
Printed Name
2/22/90
Date

Bookkeeper
Title
748-2621
Telephone No.

OIL CONSERVATION DIVISION

Date Approved *MAR 9 1990*

By *ORIGINAL SIGNED BY*
MIKE WILLIAMS
Title *SUPERVISOR, DISTRICT II*

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.