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TRANSPORTER	OIL / GAS /
OPERATOR	/
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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  
Effective 1-1-65

RECEIVED

JUL 17 1978

I.

Operator Gulf Oil Corporation

Address P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):  
New Well   
Recompletion   
Change in Ownership

Change In Transporter of:  
Oil   
Casinghead Gas

Dry Gas   
Condensate

Other (Please explain): Change in ownership effective 7-1-78

If change of ownership give name and address of previous owner Kewanee Oil Company, P. O. Box 3786, Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Square Lake 12 Unit Tr. 1A</u>	Well No. <u>6</u>	Pool Name, including Formation. <u>Square Lake G-SA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease #
Location Unit Letter <u>0</u> , <u>660</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>12</u> Township <u>17S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> <u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>CONTECHALCOXIX COMPANY XXX</del> NONE	Address (Give address to which approved copy of this form is to be sent) <del>XX</del>			
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>12</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <input type="checkbox"/> When			

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, CR, 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

Actual Prod. During Test (GAS)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Shut-in)	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.

H. J. Sikes, Jr.  
Area Engineer  
7-18-76

OIL CONSERVATION COMMISSION APPROVED <u>JUL 20 1978</u> BY <u>W. A. Gressett</u> TITLE <u>SUPERVISOR, DISTRICT II</u> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of credit. Separate Form C-104 must be filed for each pool in multi
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