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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 C-105
Effective 1-1-65

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JUL 17 1978

I.

Operator: Gulf Oil Corporation		O.C.C. ARTESIA, OFFICE	
Address: P. O. Box 670, Hobbs, N.M. 88240			
Reason(s) for filing (check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Change in ownership effective 7-1-78	
Recompletion ☐			
Change in Ownership ☒			

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 Square Lake 12 Unit Tr. 6C	Well No. 1	Pool Name, including Formation Square Lake G-SA	Kind of Lease State, Federal or Fee Federal NM	Lease No. 025733
Location Unit Letter B ; 660 Feet From The north Line and 1980 Feet From The east Line of Section 12 Township 17S Range 29E, NMPM, Eddy Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Injection Well	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? 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, 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		

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 of able 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. (Flow-MCF/D)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Test Pressure (Shut-in, Back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATION 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.

Approved: _____
Agent

7-16-78

OIL CONSERVATION COMMISSION

JUL 20 1978

APPROVED _____, 19

BY W. A. Gessert

TITLE SUPERVISOR, DISTRICT II

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 decline tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able, 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 condition. Separate Form C-104 must be filed for each pool in multi-