

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE	/	
FILE	/	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRODUCTION 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
Effective 1-1-65

RECEIVED

OCT 24 1978

I. Operator
Gulf Oil Corporation ✓
Address
Box 670, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change in well number designation;
formerly Tr. 7, Well # 2
effective 9-1-78
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Square Lake 12 Unit Well No. 107 Pool Name, including Formation Square Lake G-SA Kind of Lease State, Federal or Fee Fed. NM-025733
Location
Unit Letter E; 1980 Feet From The North Line and 660 Feet From The West
Line of Section 12 Township 17S Range 29E, NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Continental Oil Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2197, Houston, Texas 77000
If well produces oil or liquids,
give location of tanks. Unit E&F Sec. 12 Twp. 17S Rge. 29E Is gas actually connected? Yes When April, 1961

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.v. Dist. F.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, K&B, 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 lost oil and must be equal to or exceed top of well 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. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (flow, back pr.) 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.
Area Engineer
10-16-78
OIL CONSERVATION COMMISSION
APPROVED OCT 30 1978
BY W. A. Gussert
TITLE SUPERVISOR, DISTRICT II
This form is to be filed in compliance with RULE 1103.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on now and recompleted wells.
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of record.
Separate Forms C-104 must be filed for each pool in mult completed wells.