

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

RECEIVED

NOV 8 1976

I.

Operator	C.O. Fulton		
Address	P.O. Box 1121, Artesia, NM 88210		
Reason(s) for filing (Check proper box)	O. C. C. ARTESIA, OFFICE		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	FLARED AFTER 1-1-77
		Dry Gas	UNLESS AN EXCEPTION TO Rule 306
		Condensate	IS OBTAINED

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gulf State	3	Square Lake	State, Federal or Fee State	B-116620
Location	Unit Letter D ; 990 Feet From The North Line and 990 Feet From The West			
Line of Section	Township	Range	, NMPM, Eddy County	
3	17S	29E		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Texas & New Mexico Pipeline Company		P.O. Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	E	3	17S	29E	no	

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.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Feb. 20, 1976	Oct. 20, 1976	2625'	2555'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	San Andres	2335'	2500'					
Perforations	2527'-2533' 2446'-2456' 2345'-2348' 2335-39					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10"	8 5/8"	407'	Circulated					
7 7/8"	5 1/2"	2557'	275 sks					
	2 3/8"	2300						

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.)	
10-20-76	10-20-76	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs		50 lb.	1/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
70	30	40	Est: 200 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			1.419
Testing Method (pitot, 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.

(Signature)
Owner
(Title)
11-8-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 10 1976
BY W.A. Gussert
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 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 only Sections I, II, III, and VI 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 multiple